LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period) NAIC Company Code..... 71404 Employer's ID Number..... 47-0463747

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Incorporated/Organized..... May 24, 1961 Commenced Business..... July 11, 1961

Statutory Home Office 301 East Fourth Street..... Cincinnati ..... OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717 512-451-2224
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717 512-451-2224
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.continentalgeneral.com

Statutory Statement Contact Jesse Navarrete 512-807-4801
(Name) (Area Code) (Telephone Number) (Extension)
austinfinrpt@gafri.com 512-467-1399
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram #	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. Mark Edward Alberts #	Appointed Actuary

OTHER

David Lawrence Chambers #	Vice President	Tracy Eugene Maples	Chief Actuary
Paul Adolph Severt	Chief Financial Officer	Mark Francis Muething	Assistant Secretary
Christopher Patrick Miliano	Assistant Treasurer	Thomas Edward Mischell	Assistant Treasurer
James Monroe Garvin, III #	Vice President		

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram #	Christopher Patrick Miliano	Mark Francis Muething	Michael James Prager
Paul Adolph Severt #			

State of..... Texas
County of..... Williamson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Bradley Allen Wolfram	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of February 2012

a. Is this an original filing? Yes [X] No [ ]
b. If no 1. State the amendment number
2. Date filed
3. Number of pages attached

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DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,436				5,436
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,436	0	0	0	5,436
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	11	625,896		(a)					11	625,896
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	-	(17,878)			-	-			0	(17,878)
23. In force December 31 of current year	11	608,018	0	(a) 0	0	0	0	0	11	608,018

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	(65)	(45)
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,541	19,226	-	8,136	8,047
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	18,541	19,226	0	8,136	8,047
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,541	19,226	0	8,071	8,002

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	388,760				388,760
2.	Annuity considerations	4,903				4,903
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	393,663	0	0	0	393,663
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	333,967				333,967
10.	Matured endowments					0
11.	Annuity benefits	1,747				1,747
12.	Surrender values and withdrawals for life contracts	111,474				111,474
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	447,188	0	0	0	447,188
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	54,100							6	54,100
17.	Incurred during current year	38	294,963			-	-			38	294,963
	Settled during current year:										
18.1	By payment in full	43	343,063							43	343,063
18.2	By payment on compromised claims									0	0
18.3	Totals paid	43	343,063	0	0	0	0	0	0	43	343,063
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	43	343,063	0	0	0	0	0	0	43	343,063
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	6,000	0	0	0	0	0	0	1	6,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	780	14,804,176		(a)					780	14,804,176
21.	Issued during year	13	107,500							13	107,500
22.	Other changes to in force (Net)	(86)	(2,495,659)			-	-			(86)	(2,495,659)
23.	In force December 31 of current year	707	12,416,017	0	(a) 0	0	0	0	0	707	12,416,017

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	277	192
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	15,492	15,582	-	7,970	8,083
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,001,532	1,000,669	-	649,041	737,462
25.3	Non-renewable for stated reasons only (b)	3,502	3,573	-	4,427	4,726
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,005,034	1,004,242	0	653,468	742,188
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,020,526	1,019,824	0	661,715	750,463

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	102,765				102,765
2.	Annuity considerations	600				600
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	103,365	0	0	0	103,365
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	67,378				67,378
10.	Matured endowments					0
11.	Annuity benefits	5,511				5,511
12.	Surrender values and withdrawals for life contracts	27,342				27,342
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	100,231	0	0	0	100,231
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(370)							0	(370)
17.	Incurred during current year	19	273,260			-	-			19	273,260
	Settled during current year:										
18.1	By payment in full	16	216,890							16	216,890
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	16	216,890	0	0	0	0	0	0	16	216,890
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	216,890	0	0	0	0	0	0	16	216,890
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	56,000	0	0	0	0	0	0	3	56,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	382	8,158,378		(a)					382	8,158,378
21.	Issued during year	8	78,000							8	78,000
22.	Other changes to in force (Net)	(44)	(1,124,143)			-	-			(44)	(1,124,143)
23.	In force December 31 of current year	346	7,112,235	0	(a) 0	0	0	0	0	346	7,112,235

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,291	4,316	-	1,000	1,014
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	16,909	17,008	-	6,774	6,869
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	278,307	276,294	-	139,638	154,468
25.3	Non-renewable for stated reasons only (b)	4,811	4,889	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	283,118	281,183	0	139,638	154,468
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	304,318	302,507	0	147,412	162,351

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	115,147				115,147
2. Annuity considerations	5,000				5,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	120,147	0	0	0	120,147
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,408				17,408
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	259,870				259,870
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	277,278	0	0	0	277,278
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	15,467							3	15,467
17. Incurred during current year	3	10,861			-	-			3	10,861
Settled during current year:										
18.1 By payment in full	5	24,261							5	24,261
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	5	24,261	0	0	0	0	0	0	5	24,261
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	24,261	0	0	0	0	0	0	5	24,261
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,067	0	0	0	0	0	0	1	2,067
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	225	17,232,283		(a)					225	17,232,283
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(23)	(1,210,884)			-	-			(23)	(1,210,884)
23. In force December 31 of current year	202	16,021,399	0	(a) 0	0	0	0	0	202	16,021,399

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	320	221
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	5,163	5,193	-	2,611	2,648
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	731,371	733,720	-	415,630	465,265
25.3 Non-renewable for stated reasons only (b)	7,905	8,128	-	1,586	1,778
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	739,276	741,848	0	417,216	467,043
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	744,439	747,041	0	420,147	469,912

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	180,431				180,431
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	180,431	0	0	0	180,431
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14				14
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14	0	0	0	14
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	14	0	0	0	14
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	98,652				98,652
10.	Matured endowments					0
11.	Annuity benefits	24,710				24,710
12.	Surrender values and withdrawals for life contracts	254,467				254,467
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	377,829	0	0	0	377,829
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(251)							0	(251)
17.	Incurred during current year	11	98,903			-	-			11	98,903
	Settled during current year:										
18.1	By payment in full	11	98,652							11	98,652
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	11	98,652	0	0	0	0	0	0	11	98,652
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	11	98,652	0	0	0	0	0	0	11	98,652
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	357	6,856,941		(a)					357	6,856,941
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(34)	(579,705)			-	-			(34)	(579,705)
23.	In force December 31 of current year	323	6,277,236	0	(a) 0	0	0	0	0	323	6,277,236

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,205	2,190	-	3,852	2,937
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	7,939	7,985	-	6,256	6,344
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	497,084	514,063	-	480,081	551,102
25.3	Non-renewable for stated reasons only (b)	375	380	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	497,459	514,443	0	480,081	551,102
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	507,603	524,618	0	490,189	560,383

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 5 7 1 0 0 *

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	121,864				121,864
2.	Annuity considerations	3,778				3,778
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	125,642	0	0	0	125,642
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	56				56
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	56	0	0	0	56
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	56	0	0	0	56
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	141,400				141,400
10.	Matured endowments					0
11.	Annuity benefits	28,685				28,685
12.	Surrender values and withdrawals for life contracts	82,469				82,469
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	252,554	0	0	0	252,554
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	96,801			2	61,289			3	158,090
17.	Incurred during current year	4	69,712			(2)	(61,289)			2	8,423
	Settled during current year:										
18.1	By payment in full	5	166,513							5	166,513
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	166,513	0	0	0	0	0	0	5	166,513
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	166,513	0	0	0	0	0	0	5	166,513
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	(0)	0	0	0	(0)
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	353	18,881,239		(a)					353	18,881,239
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(23)	(977,195)			-	-			(23)	(977,195)
23.	In force December 31 of current year	330	17,904,044	0	(a) 0	0	0	0	0	330	17,904,044

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	32,100	32,288	-	22,888	23,213
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,166,349	2,203,068	-	1,771,887	2,001,184
25.3	Non-renewable for stated reasons only (b)	49,548	51,637	-	36,217	36,739
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,215,897	2,254,705	0	1,808,104	2,037,923
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,247,997	2,286,993	0	1,830,992	2,061,136

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	20,002				20,002
2.	Annuity considerations	1,200				1,200
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,202	0	0	0	21,202
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	14,012				14,012
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	6,727				6,727
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	20,739	0	0	0	20,739
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	14,012			-	-			2	14,012
	Settled during current year:										
18.1	By payment in full	2	14,012							2	14,012
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	14,012	0	0	0	0	0	0	2	14,012
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	14,012	0	0	0	0	0	0	2	14,012
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	48	1,714,187		(a)					48	1,714,187
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(4)	(427,030)			-	-			(4)	(427,030)
23.	In force December 31 of current year	44	1,287,157	0	(a) 0	0	0	0	0	44	1,287,157

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	16,892	16,991	-	8,285	8,403
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	313,768	320,947	-	248,010	304,908
25.3	Non-renewable for stated reasons only (b)	5,119	5,264	-	(25)	(17)
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	318,887	326,211	0	247,985	304,891
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	335,779	343,202	0	256,270	313,294

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,978				1,978
2. Annuity considerations	2,600				2,600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,578	0	0	0	4,578
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	235,085		(a)					3	235,085
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	-	580			-	-			0	580
23. In force December 31 of current year	3	235,665	0	(a) 0	0	0	0	0	3	235,665

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,502	4,446	-	26,428	35,824
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,502	4,446	0	26,428	35,824
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,502	4,446	0	26,428	35,824

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	135				135
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	135	0	0	0	135
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	167,985		(a)					2	167,985
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(1)	(94,561)			-	-			(1)	(94,561)
23. In force December 31 of current year	1	73,424	0	(a) 0	0	0	0	0	1	73,424

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	1,754	1,765	-	497	504
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	47,137	47,366	-	40,656	40,211
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	47,137	47,366	0	40,656	40,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48,891	49,131	0	41,153	40,715

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	310,828		(5)		310,823
2.	Annuity considerations	2,653				2,653
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	313,481	0	(5)	0	313,476
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	69				69
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	69	0	0	0	69
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	69	0	0	0	69
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	683,681				683,681
10.	Matured endowments					0
11.	Annuity benefits	3,572				3,572
12.	Surrender values and withdrawals for life contracts	163,644				163,644
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	850,897	0	0	0	850,897
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	(1)	(151,641)							(1)	(151,641)
17.	Incurred during current year	26	870,533			-	-			26	870,533
	Settled during current year:										
18.1	By payment in full	20	683,681							20	683,681
18.2	By payment on compromised claims									0	0
18.3	Totals paid	20	683,681	0	0	0	0	0	0	20	683,681
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	20	683,681	0	0	0	0	0	0	20	683,681
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	35,211	0	0	0	0	0	0	5	35,211
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	747	30,553,064		(a)					747	30,553,064
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(69)	(2,465,053)			-	-			(69)	(2,465,053)
23.	In force December 31 of current year	678	28,088,011	0	(a) 0	0	0	0	0	678	28,088,011

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	103,805	102,152	-	141,419	139,150
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	5,481	5,513	-	216	219
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,441,752	10,596,985	-	9,436,162	9,546,710
25.3	Non-renewable for stated reasons only (b)	200,017	219,433	-	461,256	319,739
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	10,641,769	10,816,418	0	9,897,418	9,866,449
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,751,055	10,924,083	0	10,039,053	10,005,818

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	513,580		1		513,581
2.	Annuity considerations	19,456				19,456
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	533,036	0	1	0	533,037
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	670,743				670,743
10.	Matured endowments					0
11.	Annuity benefits	31,833				31,833
12.	Surrender values and withdrawals for life contracts	179,063				179,063
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	881,639	0	0	0	881,639
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	210,472							8	210,472
17.	Incurred during current year	45	480,481			-	-			45	480,481
	Settled during current year:										
18.1	By payment in full	48	670,742							48	670,742
18.2	By payment on compromised claims									0	0
18.3	Totals paid	48	670,742	0	0	0	0	0	0	48	670,742
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	10,000							1	10,000
18.6	Total settlements	49	680,742	0	0	0	0	0	0	49	680,742
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	10,211	0	0	0	0	0	0	4	10,211
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,180	40,734,695		(a)					1,180	40,734,695
21.	Issued during year	21	149,500							21	149,500
22.	Other changes to in force (Net)	(125)	(3,564,495)			-	-			(125)	(3,564,495)
23.	In force December 31 of current year	1,076	37,319,700	0	(a) 0	0	0	0	0	1,076	37,319,700

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	45,905	50,166	-	141,985	98,802
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	68,139	68,536	-	43,489	44,105
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,601,533	3,628,990	-	2,671,383	2,636,445
25.3	Non-renewable for stated reasons only (b)	32,571	34,723	-	9,449	9,179
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,634,104	3,663,713	0	2,680,832	2,645,624
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,748,148	3,782,415	0	2,866,306	2,788,531

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 5 9 1 0 0 *

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,038,746		(4)		12,038,742
2.	Annuity considerations	4,835,559				4,835,559
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,874,305	0	(4)	0	16,874,301
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,343				5,343
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	336				336
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,679	0	0	0	5,679
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	5,679	0	0	0	5,679
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,343,380				9,343,380
10.	Matured endowments	25,299				25,299
11.	Annuity benefits	3,026,009				3,026,009
12.	Surrender values and withdrawals for life contracts	10,864,047				10,864,047
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	23,258,735	0	0	0	23,258,735
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	99	1,551,387			4	91,408			103	1,642,795
17.	Incurred during current year	866	9,814,920			(4)	(91,408)			862	9,723,512
	Settled during current year:										
18.1	By payment in full	865	10,058,406							865	10,058,406
18.2	By payment on compromised claims									0	0
18.3	Totals paid	865	10,058,406	0	0	0	0	0	0	865	10,058,406
18.4	Reduction by compromise									0	0
18.5	Amount rejected	3	16,000							3	16,000
18.6	Total settlements	868	10,074,406	0	0	0	0	0	0	868	10,074,406
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	97	1,291,901	0	0	0	(0)	0	0	97	1,291,901
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	28,865	1,086,875,435		(a)	2	145,000			28,867	1,087,020,435
21.	Issued during year	332	2,238,589							332	2,238,589
22.	Other changes to in force (Net)	(2,292)	(64,775,353)			(1)	(3,500)			(2,293)	(64,778,853)
23.	In force December 31 of current year	26,905	1,024,338,671	0	(a) 0	1	141,500	0	0	26,906	1,024,480,171

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	355,454	360,150		438,963	385,957
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	921,815	928,146		569,298	577,346
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	98,745,391	99,500,097		77,088,400	85,585,472
25.3	Non-renewable for stated reasons only (b)	1,391,671	1,472,283		817,837	647,924
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	100,137,062	100,972,380	0	77,906,237	86,233,396
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	101,414,331	102,260,676	0	78,914,498	87,196,699

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year				(a)					0	0
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	-	-	-	-	-
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	567				567
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	567	0	0	0	567
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4	216,580		(a)					4	216,580
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(1)	(15,673)			-	-			(1)	(15,673)
23. In force December 31 of current year	3	200,907	0	(a) 0	0	0	0	0	3	200,907

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,716	4,744	-	4,728	4,795
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	5,747	5,781	-	2,899	2,940
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	270,937	267,805	-	239,678	323,137
25.3 Non-renewable for stated reasons only (b)	245	252	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	271,182	268,057	0	239,678	323,137
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	281,645	278,582	0	247,305	330,872

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 1 6 1 0 0 *

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	429,280				429,280
2.	Annuity considerations	82,746				82,746
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	512,026	0	0	0	512,026
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	185				185
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	185	0	0	0	185
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	185	0	0	0	185
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	241,613				241,613
10.	Matured endowments					0
11.	Annuity benefits	179,089				179,089
12.	Surrender values and withdrawals for life contracts	966,355				966,355
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,387,057	0	0	0	1,387,057
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	(56,567)							1	(56,567)
17.	Incurred during current year	11	298,179			-	-			11	298,179
	Settled during current year:										
18.1	By payment in full	12	241,612							12	241,612
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	241,612	0	0	0	0	0	0	12	241,612
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	241,612	0	0	0	0	0	0	12	241,612
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,034	65,657,308		(a)	1	5,000			1,035	65,662,308
21.	Issued during year	5	30,951			-	-			5	30,951
22.	Other changes to in force (Net)	(65)	(3,057,035)			-	-			(65)	(3,057,035)
23.	In force December 31 of current year	974	62,631,224	0	(a) 0	1	5,000	0	0	975	62,636,224

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69,801	70,208	-	53,299	54,054
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,201,103	5,189,167	-	3,903,938	4,451,463
25.3	Non-renewable for stated reasons only (b)	20,083	20,626	-	2,700	2,919
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,221,186	5,209,793	0	3,906,638	4,454,382
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,290,987	5,280,001	0	3,959,937	4,508,436

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	30,841				30,841
2. Annuity considerations	500				500
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	31,341	0	0	0	31,341
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,051				8,051
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,051	0	0	0	8,051
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	8,051			-	-			2	8,051
Settled during current year:										
18.1 By payment in full	2	8,051							2	8,051
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	2	8,051	0	0	0	0	0	0	2	8,051
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	8,051	0	0	0	0	0	0	2	8,051
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	53	2,828,183		(a)					53	2,828,183
21. Issued during year	1	2,500							1	2,500
22. Other changes to in force (Net)	(4)	5,081			-	-			(4)	5,081
23. In force December 31 of current year	50	2,835,764	0	(a) 0	0	0	0	0	50	2,835,764

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,035	8,082	-	6,287	6,376
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	28,856	29,024	-	18,577	18,840
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	112,635	120,268	-	130,216	144,214
25.3 Non-renewable for stated reasons only (b)	39,152	40,258	-	8,378	9,058
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	151,787	160,526	0	138,594	153,272
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	188,678	197,632	0	163,458	178,488

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	450,044				450,044
2.	Annuity considerations	11,190				11,190
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	461,234	0	0	0	461,234
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	59				59
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	59	0	0	0	59
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	59	0	0	0	59
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	270,698				270,698
10.	Matured endowments					0
11.	Annuity benefits	219,454				219,454
12.	Surrender values and withdrawals for life contracts	306,420				306,420
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	796,572	0	0	0	796,572
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	(4,969)							2	(4,969)
17.	Incurred during current year	31	410,930			-	-			31	410,930
	Settled during current year:										
18.1	By payment in full	29	343,994							29	343,994
18.2	By payment on compromised claims									0	0
18.3	Totals paid	29	343,994	0	0	0	0	0	0	29	343,994
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	29	343,994	0	0	0	0	0	0	29	343,994
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	61,967	0	0	0	0	0	0	4	61,967
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	978	57,496,763		(a)	1	3,500			979	57,500,263
21.	Issued during year	6	52,500							6	52,500
22.	Other changes to in force (Net)	(72)	(2,338,157)			-	-			(72)	(2,338,157)
23.	In force December 31 of current year	912	55,211,106	0	(a) 0	1	3,500	0	0	913	55,214,606

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	9,702	9,719	-	5,602	5,626
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	19,760	19,875	-	11,945	12,114
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,352,377	4,393,794	-	3,945,308	4,764,370
25.3	Non-renewable for stated reasons only (b)	36,087	38,135	-	1,190	1,287
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,388,464	4,431,929	0	3,946,498	4,765,657
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,417,926	4,461,523	0	3,964,045	4,783,397

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	283,084				283,084
2.	Annuity considerations	28,960				28,960
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	312,044	0	0	0	312,044
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	60,552				60,552
10.	Matured endowments					0
11.	Annuity benefits	75,644				75,644
12.	Surrender values and withdrawals for life contracts	147,556				147,556
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	283,752	0	0	0	283,752
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	10,029							3	10,029
17.	Incurred during current year	17	98,501			-	-			17	98,501
	Settled during current year:										
18.1	By payment in full	18	95,518							18	95,518
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	95,518	0	0	0	0	0	0	18	95,518
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	95,518	0	0	0	0	0	0	18	95,518
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	13,012	0	0	0	0	0	0	2	13,012
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	614	16,265,848		(a)					614	16,265,848
21.	Issued during year	12	83,500							12	83,500
22.	Other changes to in force (Net)	(38)	(891,143)			-	-			(38)	(891,143)
23.	In force December 31 of current year	588	15,458,205	0	(a) 0	0	0	0	0	588	15,458,205

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,322	2,327	-	3,835	3,788
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	24,955	25,101	-	19,043	19,313
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,921,914	3,987,218	-	3,477,051	3,662,480
25.3	Non-renewable for stated reasons only (b)	32,480	34,002	-	3,780	2,217
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,954,394	4,021,220	0	3,480,831	3,664,697
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,981,671	4,048,648	0	3,503,709	3,687,798

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	330,240				330,240
2.	Annuity considerations	271,119				271,119
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	601,359	0	0	0	601,359
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	50				50
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	50	0	0	0	50
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	50	0	0	0	50
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	277,223				277,223
10.	Matured endowments					0
11.	Annuity benefits	70,530				70,530
12.	Surrender values and withdrawals for life contracts	464,044				464,044
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	811,797	0	0	0	811,797
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	140,573							5	140,573
17.	Incurred during current year	13	178,299			-	-			13	178,299
	Settled during current year:										
18.1	By payment in full	16	296,872							16	296,872
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	16	296,872	0	0	0	0	0	0	16	296,872
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	296,872	0	0	0	0	0	0	16	296,872
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	22,000	0	0	0	0	0	0	2	22,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	938	34,467,585		(a)					938	34,467,585
21.	Issued during year	4	47,500							4	47,500
22.	Other changes to in force (Net)	(63)	(1,737,221)			-	-			(63)	(1,737,221)
23.	In force December 31 of current year	879	32,777,864	0	(a) 0	0	0	0	0	879	32,777,864

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,604	2,604	-	607	600
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	47,812	48,090	-	21,592	21,898
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,444,240	4,433,816	-	3,973,145	4,683,173
25.3	Non-renewable for stated reasons only (b)	69,611	74,762	-	25,611	20,102
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,513,851	4,508,578	0	3,998,756	4,703,275
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,564,267	4,559,272	0	4,020,955	4,725,773

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	334,711				334,711
2. Annuity considerations	7,053				7,053
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	341,764	0	0	0	341,764
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	289,225				289,225
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	64,984				64,984
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	354,209	0	0	0	354,209
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	8	70,786							8	70,786
17. Incurred during current year	47	296,430			-	-			47	296,430
Settled during current year:										
18.1 By payment in full	48	311,384							48	311,384
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	48	311,384	0	0	0	0	0	0	48	311,384
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	48	311,384	0	0	0	0	0	0	48	311,384
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	55,832	0	0	0	0	0	0	7	55,832
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	927	18,316,386		(a)					927	18,316,386
21. Issued during year	18	98,000							18	98,000
22. Other changes to in force (Net)	(81)	(1,142,398)			-	-			(81)	(1,142,398)
23. In force December 31 of current year	864	17,271,988	0	(a) 0	0	0	0	0	864	17,271,988

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,892	1,891	-	536	530
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,808	2,824	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,714,623	1,722,526	-	841,929	905,998
25.3 Non-renewable for stated reasons only (b)	11,072	11,375	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,725,695	1,733,901	0	841,929	905,998
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,730,395	1,738,616	0	842,465	906,528

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	295,257				295,257
2.	Annuity considerations	17,129				17,129
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	312,386	0	0	0	312,386
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	115,145				115,145
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	55,345				55,345
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	170,490	0	0	0	170,490
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	265,031							4	265,031
17.	Incurred during current year	13	(122,159)			-	-			13	(122,159)
	Settled during current year:										
18.1	By payment in full	14	127,872							14	127,872
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	127,872	0	0	0	0	0	0	14	127,872
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	127,872	0	0	0	0	0	0	14	127,872
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	15,000	0	0	0	0	0	0	3	15,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	799	30,301,552		(a)					799	30,301,552
21.	Issued during year	10	45,000							10	45,000
22.	Other changes to in force (Net)	(47)	(1,462,203)			-	-			(47)	(1,462,203)
23.	In force December 31 of current year	762	28,884,349	0	(a) 0	0	0	0	0	762	28,884,349

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	20,580	20,700	-	9,681	9,818
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	919,609	910,151	-	664,983	738,759
25.3	Non-renewable for stated reasons only (b)	3,156	3,237	-	1,005	1,086
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	922,765	913,388	0	665,988	739,845
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	943,345	934,088	0	675,669	749,663

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,929				5,929
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	5,929	0	0	0	5,929
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	42				42
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	42	0	0	0	42
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	42	0	0	0	42
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	12,775				12,775
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	12,775	0	0	0	12,775
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	(1)	(4,494)							(1)	(4,494)
17.	Incurred during current year	1	4,494			-	-			1	4,494
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	24	1,350,663		(a)					24	1,350,663
21.	Issued during year	2	7,500							2	7,500
22.	Other changes to in force (Net)	-	15,000			-	-			0	15,000
23.	In force December 31 of current year	26	1,373,163	0	(a) 0	0	0	0	0	26	1,373,163

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	609	613	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	135,494	133,601	-	130,723	149,413
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	135,494	133,601	0	130,723	149,413
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	136,103	134,214	0	130,723	149,413

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	49,895				49,895
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	49,895	0	0	0	49,895
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	17,528				17,528
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	6,422				6,422
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	23,950	0	0	0	23,950
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(221)							0	(221)
17.	Incurred during current year	2	17,749			-	-			2	17,749
	Settled during current year:										
18.1	By payment in full	2	17,528							2	17,528
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	2	17,528	0	0	0	0	0	0	2	17,528
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	17,528	0	0	0	0	0	0	2	17,528
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	111	5,800,367		(a)					111	5,800,367
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(7)	(122,787)			-	-			(7)	(122,787)
23.	In force December 31 of current year	104	5,677,580	0	(a) 0	0	0	0	0	104	5,677,580

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,110	2,123	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	467,991	493,236	-	487,700	556,930
25.3	Non-renewable for stated reasons only (b)	382	392	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	468,373	493,628	0	487,700	556,930
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	470,483	495,751	0	487,700	556,930

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,641				5,641
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,641	0	0	0	5,641
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		5,000							0	5,000
17. Incurred during current year	-	(5,000)			-	-			0	(5,000)
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9	177,245		(a)					9	177,245
21. Issued during year	-	-			-	-			0	0
22. Other changes to in force (Net)	-	-			-	-			0	0
23. In force December 31 of current year	9	177,245	0	(a) 0	0	0	0	0	9	177,245

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	81,107	82,015	-	82,341	81,440
25.3 Non-renewable for stated reasons only (b)	367	378	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	81,474	82,393	0	82,341	81,440
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,474	82,393	0	82,341	81,440

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	305,239				305,239
2.	Annuity considerations	1,752				1,752
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	306,991	0	0	0	306,991
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	226,470				226,470
10.	Matured endowments					0
11.	Annuity benefits	63,656				63,656
12.	Surrender values and withdrawals for life contracts	70,411				70,411
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	360,537	0	0	0	360,537
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	19,996							3	19,996
17.	Incurred during current year	37	338,418			-	-			37	338,418
	Settled during current year:										
18.1	By payment in full	36	226,470							36	226,470
18.2	By payment on compromised claims									0	0
18.3	Totals paid	36	226,470	0	0	0	0	0	0	36	226,470
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	36	226,470	0	0	0	0	0	0	36	226,470
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	131,944	0	0	0	0	0	0	4	131,944
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	692	11,682,365		(a)					692	11,682,365
21.	Issued during year	8	52,500							8	52,500
22.	Other changes to in force (Net)	(74)	(1,103,178)			-	-			(74)	(1,103,178)
23.	In force December 31 of current year	626	10,631,687	0	(a) 0	0	0	0	0	626	10,631,687

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	328	480	-	2,824	2,801
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	771	776	-	817	829
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,450,505	3,523,012	-	2,121,889	2,151,095
25.3	Non-renewable for stated reasons only (b)	23,337	23,996	-	1,327	1,434
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,473,842	3,547,008	0	2,123,216	2,152,529
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,474,941	3,548,264	0	2,126,857	2,156,159

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	373,081				373,081
2.	Annuity considerations	3,785,329				3,785,329
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,158,410	0	0	0	4,158,410
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	152,006				152,006
10.	Matured endowments					0
11.	Annuity benefits	263,653				263,653
12.	Surrender values and withdrawals for life contracts	566,039				566,039
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	981,698	0	0	0	981,698
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	4,006							1	4,006
17.	Incurred during current year	17	190,813			-	-			17	190,813
	Settled during current year:										
18.1	By payment in full	13	152,006							13	152,006
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	152,006	0	0	0	0	0	0	13	152,006
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	152,006	0	0	0	0	0	0	13	152,006
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	42,813	0	0	0	0	0	0	5	42,813
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	875	52,138,590		(a)					875	52,138,590
21.	Issued during year	1	15,000							1	15,000
22.	Other changes to in force (Net)	(31)	(1,273,326)			-	-			(31)	(1,273,326)
23.	In force December 31 of current year	845	50,880,264	0	(a) 0	0	0	0	0	845	50,880,264

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,738	17,842	-	8,265	8,382
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,293	1,301	-	224	227
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,809,054	5,790,619	-	5,864,547	7,571,784
25.3	Non-renewable for stated reasons only (b)	130,993	136,585	-	37,163	30,914
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,940,047	5,927,204	0	5,901,710	7,602,698
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,959,078	5,946,347	0	5,910,199	7,611,307

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	387,619				387,619
2.	Annuity considerations	6,300				6,300
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	393,919	0	0	0	393,919
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	524,293				524,293
10.	Matured endowments					0
11.	Annuity benefits	349,086				349,086
12.	Surrender values and withdrawals for life contracts	535,562				535,562
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,408,941	0	0	0	1,408,941
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	34,165			(1)	(50,000)			4	(15,835)
17.	Incurred during current year	44	906,781			1	50,000			45	956,781
	Settled during current year:										
18.1	By payment in full	44	683,529							44	683,529
18.2	By payment on compromised claims									0	0
18.3	Totals paid	44	683,529	0	0	0	0	0	0	44	683,529
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	44	683,529	0	0	0	0	0	0	44	683,529
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	257,417	0	0	0	0	0	0	5	257,417
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,618	55,557,506		(a)					1,618	55,557,506
21.	Issued during year	7	29,500							7	29,500
22.	Other changes to in force (Net)	(96)	(2,598,137)			-	-			(96)	(2,598,137)
23.	In force December 31 of current year	1,529	52,988,869	0	(a) 0	0	0	0	0	1,529	52,988,869

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	37,862	38,082	-	25,417	25,648
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	43,766	44,021	-	36,531	37,049
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,119,503	2,111,122	-	1,871,523	2,172,608
25.3	Non-renewable for stated reasons only (b)	12,354	12,694	-	5,615	6,071
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,131,857	2,123,816	0	1,877,138	2,178,679
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,213,485	2,205,919	0	1,939,086	2,241,376

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		0		0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	157,094				157,094
2. Annuity considerations	1,300				1,300
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	158,394	0	0	0	158,394
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	164,505				164,505
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	71,892				71,892
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	236,397	0	0	0	236,397
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	18,820							6	18,820
17. Incurred during current year	14	195,884			-	-			14	195,884
Settled during current year:										
18.1 By payment in full	20	214,704							20	214,704
18.2 By payment on compromised claims									0	0
18.3 Totals paid	20	214,704	0	0	0	0	0	0	20	214,704
18.4 Reduction by compromise									0	0
18.5 Amount rejected	1	3,000							1	3,000
18.6 Total settlements	21	217,704	0	0	0	0	0	0	21	217,704
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	(1)	(3,000)	0	0	0	0	0	0	(1)	(3,000)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	409	8,766,206		(a)					409	8,766,206
21. Issued during year	10	84,500							10	84,500
22. Other changes to in force (Net)	(46)	(798,309)			-	-			(46)	(798,309)
23. In force December 31 of current year	373	8,052,397	0	(a) 0	0	0	0	0	373	8,052,397

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,677	5,711	-	2,189	2,220
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	16,353	16,448	-	9,727	9,864
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	770,044	768,891	-	607,404	726,399
25.3 Non-renewable for stated reasons only (b)	1,308	1,341	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	771,352	770,232	0	607,404	726,399
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	793,382	792,391	0	619,320	738,483

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 2 7 1 0 0 *

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	55,963				55,963
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	55,963	0	0	0	55,963
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	124,772				124,772
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	124,772	0	0	0	124,772
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	4,000			-	-			1	4,000
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	112	3,801,055		(a)					112	3,801,055
21. Issued during year	2	27,000							2	27,000
22. Other changes to in force (Net)	(6)	(259,729)			-	-			(6)	(259,729)
23. In force December 31 of current year	108	3,568,326	0	(a) 0	0	0	0	0	108	3,568,326

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	77	53
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	17,202	17,302	-	14,324	14,527
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	980,522	985,530	-	607,438	617,668
25.3 Non-renewable for stated reasons only (b)	172,055	183,609	-	32,455	24,351
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,152,577	1,169,139	0	639,893	642,019
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,169,779	1,186,441	0	654,294	656,599

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	568,352				568,352
2.	Annuity considerations	4,995				4,995
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	573,347	0	0	0	573,347
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	418,377				418,377
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	57,226				57,226
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	475,603	0	0	0	475,603
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	55,458							9	55,458
17.	Incurred during current year	53	397,026			-	-			53	397,026
	Settled during current year:										
18.1	By payment in full	56	423,484							56	423,484
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	56	423,484	0	0	0	0	0	0	56	423,484
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	56	423,484	0	0	0	0	0	0	56	423,484
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	29,000	0	0	0	0	0	0	6	29,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,467	33,125,861		(a)					1,467	33,125,861
21.	Issued during year	32	151,570							32	151,570
22.	Other changes to in force (Net)	(133)	(1,889,684)			-	-			(133)	(1,889,684)
23.	In force December 31 of current year	1,366	31,387,747	0	(a) 0	0	0	0	0	1,366	31,387,747

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,214	8,245	-	6,394	6,308
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	142,144	142,974	-	93,390	94,712
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,586,042	1,575,500	-	1,194,555	1,369,583
25.3	Non-renewable for stated reasons only (b)	34,087	36,758	-	39,416	32,957
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,620,129	1,612,258	0	1,233,971	1,402,540
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,770,487	1,763,477	0	1,333,755	1,503,560

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	68,017				68,017
2.	Annuity considerations	27,479				27,479
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	95,496	0	0	0	95,496
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	52				52
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	52	0	0	0	52
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	52	0	0	0	52
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	42,172				42,172
10.	Matured endowments					0
11.	Annuity benefits	4,408				4,408
12.	Surrender values and withdrawals for life contracts	23,153				23,153
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	69,733	0	0	0	69,733
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(148)							0	(148)
17.	Incurred during current year	7	52,320			-	-			7	52,320
	Settled during current year:										
18.1	By payment in full	6	42,172							6	42,172
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	6	42,172	0	0	0	0	0	0	6	42,172
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	42,172	0	0	0	0	0	0	6	42,172
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	160	9,047,237		(a)					160	9,047,237
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(14)	(928,150)			-	-			(14)	(928,150)
23.	In force December 31 of current year	146	8,119,087	0	(a) 0	0	0	0	0	146	8,119,087

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,571	5,603	-	6,421	6,512
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	22,221	22,350	-	17,304	17,549
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	669,885	668,194	-	536,351	642,801
25.3	Non-renewable for stated reasons only (b)	9,171	9,430	-	10,355	11,195
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	679,056	677,624	0	546,706	653,996
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	706,848	705,577	0	570,431	678,057

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,326,299				1,326,299
2.	Annuity considerations	262,363				262,363
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,588,662	0	0	0	1,588,662
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,320				4,320
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	336				336
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,656	0	0	0	4,656
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	4,656	0	0	0	4,656
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,140,404				1,140,404
10.	Matured endowments	25,299				25,299
11.	Annuity benefits	713,077				713,077
12.	Surrender values and withdrawals for life contracts	3,107,016				3,107,016
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	4,985,796	0	0	0	4,985,796
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	526,541							4	526,541
17.	Incurred during current year	31	724,505			-	-			31	724,505
	Settled during current year:										
18.1	By payment in full	28	1,162,054							28	1,162,054
18.2	By payment on compromised claims									0	0
18.3	Totals paid	28	1,162,054	0	0	0	0	0	0	28	1,162,054
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	28	1,162,054	0	0	0	0	0	0	28	1,162,054
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	88,992	0	0	0	0	0	0	7	88,992
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,362	256,847,162		(a)		136,500			3,362	256,983,662
21.	Issued during year	4	28,000							4	28,000
22.	Other changes to in force (Net)	(194)	(13,618,296)			(1)	(3,500)			(195)	(13,621,796)
23.	In force December 31 of current year	3,172	243,256,866	0	(a) 0	(1)	133,000	0	0	3,171	243,389,866

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,072	6,071	-	12,113	11,981
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	75,843	77,235	-	31,349	31,782
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,256,983	7,266,192	-	5,421,957	6,286,290
25.3	Non-renewable for stated reasons only (b)	159,890	173,125	-	31,009	24,174
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,416,873	7,439,317	0	5,452,966	6,310,464
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,498,788	7,522,623	0	5,496,428	6,354,227

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	498				498
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	498	0	0	0	498
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		(2,497)							0	(2,497)
17. Incurred during current year	-	2,497			-	-			0	2,497
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	25,000		(a)					2	25,000
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	-	5,000			-	-			0	5,000
23. In force December 31 of current year	2	30,000	0	(a) 0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	370	372	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	69,549	67,399	-	74,108	85,509
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	69,549	67,399	0	74,108	85,509
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,919	67,771	0	74,108	85,509

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,744				7,744
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,744	0	0	0	7,744
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	14	1,195,111		(a)					14	1,195,111
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(1)	(531,380)			-	-			(1)	(531,380)
23. In force December 31 of current year	13	663,731	0	(a) 0	0	0	0	0	13	663,731

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	312	314	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	141,011	135,503	-	176,799	194,948
25.3 Non-renewable for stated reasons only (b)	-	-	-	1,906	1,118
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	141,011	135,503	0	178,705	196,066
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	141,323	135,817	0	178,705	196,066

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,061				22,061
2.	Annuity considerations	19,479				19,479
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	41,540	0	0	0	41,540
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	3,175				3,175
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	3,175	0	0	0	3,175
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	25,000							1	25,000
17.	Incurred during current year	(1)	(25,000)			-	-			(1)	(25,000)
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	56	2,741,879		(a)					56	2,741,879
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(1)	(75,359)			-	-			(1)	(75,359)
23.	In force December 31 of current year	55	2,666,520	0	(a) 0	0	0	0	0	55	2,666,520

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	21,232	21,356	-	13,246	13,433
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	207,677	206,963	-	105,017	118,265
25.3	Non-renewable for stated reasons only (b)	986	1,014	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	208,663	207,977	0	105,017	118,265
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	229,895	229,333	0	118,263	131,698

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	23,672				23,672
2. Annuity considerations	18,150				18,150
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	41,822	0	0	0	41,822
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	7,368				7,368
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,368	0	0	0	7,368
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		(15)							0	(15)
17. Incurred during current year	-	15			-	-			0	15
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	73	4,706,574		(a)					73	4,706,574
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(3)	(825,871)			-	-			(3)	(825,871)
23. In force December 31 of current year	70	3,880,703	0	(a) 0	0	0	0	0	70	3,880,703

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,286	2,334	-	1,459	1,443
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	12,542	12,616	-	6,574	6,667
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	209,252	214,020	-	94,139	98,313
25.3 Non-renewable for stated reasons only (b)	326	336	-	200	216
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	209,578	214,356	0	94,339	98,529
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	224,406	229,306	0	102,372	106,639

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,099				11,099
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,099	0	0	0	11,099
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	11,291				11,291
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	11,291	0	0	0	11,291
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	27	1,826,080		(a)					27	1,826,080
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(4)	(1,185,223)			-	-			(4)	(1,185,223)
23. In force December 31 of current year	23	640,857	0	(a) 0	0	0	0	0	23	640,857

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,157	16,141	-	20,718	20,491
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	413	416	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	211,438	206,070	-	244,111	269,831
25.3 Non-renewable for stated reasons only (b)	458	471	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	211,896	206,541	0	244,111	269,831
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	228,466	223,098	0	264,829	290,322

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	525,013				525,013
2. Annuity considerations	91,200				91,200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	616,213	0	0	0	616,213
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	269,532				269,532
10. Matured endowments					0
11. Annuity benefits	73,248				73,248
12. Surrender values and withdrawals for life contracts	645,035				645,035
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	987,815	0	0	0	987,815
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	26,390			1	50,000			6	76,390
17. Incurred during current year	44	266,755			(1)	(50,000)			43	216,755
Settled during current year:										
18.1 By payment in full	46	277,075							46	277,075
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	46	277,075	0	0	0	0	0	0	46	277,075
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	46	277,075	0	0	0	0	0	0	46	277,075
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	16,070	0	0	0	0	0	0	3	16,070
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,109	15,074,613		(a)					1,109	15,074,613
21. Issued during year	17	144,000							17	144,000
22. Other changes to in force (Net)	(111)	(971,724)			-	-			(111)	(971,724)
23. In force December 31 of current year	1,015	14,246,889	0	(a) 0	0	0	0	0	1,015	14,246,889

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	(3,253)	(3,772)	-	6,341	4,379
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	28,819	28,987	-	16,145	16,373
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,011,141	6,143,891	-	4,750,322	5,106,361
25.3 Non-renewable for stated reasons only (b)	27,548	28,284	-	9,956	8,983
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,038,689	6,172,175	0	4,760,278	5,115,344
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,064,255	6,197,390	0	4,782,764	5,136,096

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	200,331				200,331
2.	Annuity considerations	7,800				7,800
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	208,131	0	0	0	208,131
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	348,390				348,390
10.	Matured endowments					0
11.	Annuity benefits	38,726				38,726
12.	Surrender values and withdrawals for life contracts	88,180				88,180
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	475,296	0	0	0	475,296
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(421)				(7,772)			0	(8,193)
17.	Incurred during current year	15	348,811			-	7,772			15	356,583
	Settled during current year:										
18.1	By payment in full	15	348,390							15	348,390
18.2	By payment on compromised claims									0	0
18.3	Totals paid	15	348,390	0	0	0	0	0	0	15	348,390
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	15	348,390	0	0	0	0	0	0	15	348,390
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	451	17,092,300		(a)					451	17,092,300
21.	Issued during year	15	81,246							15	81,246
22.	Other changes to in force (Net)	(35)	(1,420,370)			-	-			(35)	(1,420,370)
23.	In force December 31 of current year	431	15,753,176	0	(a) 0	0	0	0	0	431	15,753,176

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	14,553	14,618	-	5,342	4,343
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	5,862	5,896	-	3,084	3,127
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,144,325	1,136,750	-	898,496	1,054,907
25.3	Non-renewable for stated reasons only (b)	5,179	5,326	-	300	324
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,149,504	1,142,076	0	898,796	1,055,231
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,169,919	1,162,590	0	907,222	1,062,701

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	112,564				112,564
2.	Annuity considerations	3,600				3,600
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	116,164	0	0	0	116,164
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	109,000				109,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	50,206				50,206
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	159,206	0	0	0	159,206
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	2,315							1	2,315
17.	Incurred during current year	19	109,189			-	-			19	109,189
	Settled during current year:										
18.1	By payment in full	20	111,504							20	111,504
18.2	By payment on compromised claims									0	0
18.3	Totals paid	20	111,504	0	0	0	0	0	0	20	111,504
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	20	111,504	0	0	0	0	0	0	20	111,504
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	338	5,827,232		(a)					338	5,827,232
21.	Issued during year	2	12,500							2	12,500
22.	Other changes to in force (Net)	(37)	(528,967)			-	-			(37)	(528,967)
23.	In force December 31 of current year	303	5,310,765	0	(a) 0	0	0	0	0	303	5,310,765

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	397	400	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	162,683	155,084	-	99,131	112,688
25.3	Non-renewable for stated reasons only (b)	39,661	40,781	-	7,484	8,092
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	202,344	195,865	0	106,615	120,780
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	202,741	196,265	0	106,615	120,780

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 5 8 1 0 0 *

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	214,728				214,728
2.	Annuity considerations	7,300				7,300
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	222,028	0	0	0	222,028
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	88,598				88,598
10.	Matured endowments					0
11.	Annuity benefits	64,972				64,972
12.	Surrender values and withdrawals for life contracts	39,764				39,764
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	193,334	0	0	0	193,334
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	25,031			1	15,000			4	40,031
17.	Incurred during current year	13	93,567			(1)	(15,000)			12	78,567
	Settled during current year:										
18.1	By payment in full	14	88,598							14	88,598
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	88,598	0	0	0	0	0	0	14	88,598
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	88,598	0	0	0	0	0	0	14	88,598
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	30,000	0	0	0	0	0	0	2	30,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	429	8,560,267		(a)					429	8,560,267
21.	Issued during year	4	12,500							4	12,500
22.	Other changes to in force (Net)	(39)	(601,368)			-	-			(39)	(601,368)
23.	In force December 31 of current year	394	7,971,399	0	(a) 0	0	0	0	0	394	7,971,399

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	115	115	-	(6)	(4)
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,221	2,234	-	470	476
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,149,593	5,265,230	-	3,393,773	3,496,430
25.3	Non-renewable for stated reasons only (b)	15,654	16,088	-	930	1,006
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,165,247	5,281,318	0	3,394,703	3,497,436
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,167,583	5,283,667	0	3,395,167	3,497,908

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 7 1 4 0 4 2 0 1 1 4 3 0 5 4 1 0 0 *

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	683				683
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	683	0	0	0	683
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1	15,000		(a)					1	15,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	1	15,000	0	(a) 0	0	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,077	1,445	-	130	129
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,077	1,445	0	130	129
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,077	1,445	0	130	129

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	728				728
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	728	0	0	0	728
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	1,580				1,580
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,580	0	0	0	1,580
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(50)							0	(50)
17.	Incurred during current year	-	50			-	-			0	50
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2	15,000		(a)					2	15,000
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(1)	(10,000)			-	-			(1)	(10,000)
23.	In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	18,618	21,216	-	11,819	9,853
25.3	Non-renewable for stated reasons only (b)	1,270	1,306	-	2,940	3,179
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	19,888	22,522	0	14,759	13,032
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,888	22,522	0	14,759	13,032

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	498,852				498,852
2. Annuity considerations	2,100				2,100
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	500,952	0	0	0	500,952
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	489,587				489,587
10. Matured endowments					0
11. Annuity benefits	147,286				147,286
12. Surrender values and withdrawals for life contracts	81,434				81,434
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	718,307	0	0	0	718,307
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	84,044							5	84,044
17. Incurred during current year	61	424,731			-	-			61	424,731
Settled during current year:										
18.1 By payment in full	61	489,587							61	489,587
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	61	489,587	0	0	0	0	0	0	61	489,587
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	61	489,587	0	0	0	0	0	0	61	489,587
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	19,188	0	0	0	0	0	0	5	19,188
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,162	18,359,867		(a)					1,162	18,359,867
21. Issued during year	24	177,500							24	177,500
22. Other changes to in force (Net)	(115)	(1,247,529)			-	-			(115)	(1,247,529)
23. In force December 31 of current year	1,071	17,289,838	0	(a) 0	0	0	0	0	1,071	17,289,838

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	137	94
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	13,105	13,181	-	6,740	6,835
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,071,313	1,072,182	-	616,209	648,374
25.3 Non-renewable for stated reasons only (b)	16,300	16,760	-	17,561	18,988
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,087,613	1,088,942	0	633,770	667,362
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,100,718	1,102,123	0	640,647	674,291

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	236,798				236,798
2.	Annuity considerations	11,514				11,514
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	248,312	0	0	0	248,312
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	173				173
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	173	0	0	0	173
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	173	0	0	0	173
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	176,648				176,648
10.	Matured endowments					0
11.	Annuity benefits	204,718				204,718
12.	Surrender values and withdrawals for life contracts	239,509				239,509
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	620,875	0	0	0	620,875
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(571)							0	(571)
17.	Incurred during current year	7	177,219			-	-			7	177,219
	Settled during current year:										
18.1	By payment in full	7	176,648							7	176,648
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	7	176,648	0	0	0	0	0	0	7	176,648
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	176,648	0	0	0	0	0	0	7	176,648
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	573	48,666,330		(a)					573	48,666,330
21.	Issued during year	2	27,500							2	27,500
22.	Other changes to in force (Net)	(35)	(2,259,968)			-	-			(35)	(2,259,968)
23.	In force December 31 of current year	540	46,433,862	0	(a) 0	0	0	0	0	540	46,433,862

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	10,074	10,132	-	4,983	5,185
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	33,286	33,481	-	25,075	25,430
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,029,595	1,029,228	-	921,593	1,121,513
25.3	Non-renewable for stated reasons only (b)	27,368	28,111	-	17,009	18,400
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,056,963	1,057,339	0	938,602	1,139,913
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,100,323	1,100,952	0	968,660	1,170,528

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	591,447				591,447
2.	Annuity considerations	13,397				13,397
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	604,844	0	0	0	604,844
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	586,827				586,827
10.	Matured endowments					0
11.	Annuity benefits	69,070				69,070
12.	Surrender values and withdrawals for life contracts	1,121,833				1,121,833
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,777,730	0	0	0	1,777,730
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	62,042							6	62,042
17.	Incurred during current year	59	691,045			-	-			59	691,045
	Settled during current year:										
18.1	By payment in full	56	660,587							56	660,587
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	56	660,587	0	0	0	0	0	0	56	660,587
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	3,000							1	3,000
18.6	Total settlements	57	663,587	0	0	0	0	0	0	57	663,587
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	89,500	0	0	0	0	0	0	8	89,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,676	41,214,753		(a)					1,676	41,214,753
21.	Issued during year	26	150,500							26	150,500
22.	Other changes to in force (Net)	(144)	(2,966,222)			-	-			(144)	(2,966,222)
23.	In force December 31 of current year	1,558	38,399,031	0	(a) 0	0	0	0	0	1,558	38,399,031

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	121	84
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	646	650	-	706	716
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,831,372	1,845,363	-	1,483,748	1,836,822
25.3	Non-renewable for stated reasons only (b)	5,008	5,136	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,836,380	1,850,499	0	1,483,748	1,836,822
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,837,026	1,851,149	0	1,484,575	1,837,622

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,092,560				1,092,560
2.	Annuity considerations	84,322				84,322
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,176,882	0	0	0	1,176,882
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	272				272
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	272	0	0	0	272
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	272	0	0	0	272
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	767,676				767,676
10.	Matured endowments					0
11.	Annuity benefits	213,629				213,629
12.	Surrender values and withdrawals for life contracts	383,170				383,170
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,364,475	0	0	0	1,364,475
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	4	30,885			1	30,391			5	61,276
17. Incurred during current year	86	810,003			(1)	(30,391)			85	779,612
Settled during current year:										
18.1 By payment in full	82	798,714							82	798,714
18.2 By payment on compromised claims									0	0
18.3 Totals paid	82	798,714	0	0	0	0	0	0	82	798,714
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	82	798,714	0	0	0	0	0	0	82	798,714
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	42,174	0	0	0	0	0	0	8	42,174
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,118	41,599,671		(a)					2,118	41,599,671
21. Issued during year	52	377,322							52	377,322
22. Other changes to in force (Net)	(228)	(2,135,132)			-	-			(228)	(2,135,132)
23. In force December 31 of current year	1,942	39,841,861	0	(a) 0	0	0	0	0	1,942	39,841,861

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	15	17	-	(587)	(406)
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	33,865	34,063	-	19,864	20,145
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,150,496	9,204,216	-	5,931,809	6,198,288
25.3	Non-renewable for stated reasons only (b)	55,096	58,152	-	10,004	8,661
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,205,592	9,262,368	0	5,941,813	6,206,949
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,239,472	9,296,448	0	5,961,090	6,226,688

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	128,525				128,525
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	128,525	0	0	0	128,525
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	39				39
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	39	0	0	0	39
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	39	0	0	0	39
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,986				9,986
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	1,222				1,222
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	11,208	0	0	0	11,208
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	(1)	(7,370)							(1)	(7,370)
17.	Incurred during current year	11	255,460			-	-			11	255,460
	Settled during current year:										
18.1	By payment in full	3	9,986							3	9,986
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	9,986	0	0	0	0	0	0	3	9,986
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	9,986	0	0	0	0	0	0	3	9,986
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	238,104	0	0	0	0	0	0	7	238,104
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	184	2,606,717		(a)					184	2,606,717
21.	Issued during year	1	10,000							1	10,000
22.	Other changes to in force (Net)	(4)	57,446			-	-			(4)	57,446
23.	In force December 31 of current year	181	2,674,163	0	(a) 0	0	0	0	0	181	2,674,163

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,533	4,559	-	1,487	1,508
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,009	1,015	-	1,093	1,108
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	123,250	122,126	-	69,362	75,725
25.3	Non-renewable for stated reasons only (b)	5,918	6,085	-	11,391	12,317
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	129,168	128,211	0	80,753	88,042
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	134,710	133,785	0	83,333	90,658

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	450,013				450,013
2. Annuity considerations	14,000				14,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	464,013	0	0	0	464,013
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12				12
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	12	0	0	0	12
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	12	0	0	0	12
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	320,384				320,384
10. Matured endowments					0
11. Annuity benefits	172,865				172,865
12. Surrender values and withdrawals for life contracts	179,266				179,266
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	672,515	0	0	0	672,515
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	7	28,375							7	28,375
17. Incurred during current year	29	302,628			-	-			29	302,628
Settled during current year:										
18.1 By payment in full	36	331,003							36	331,003
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	36	331,003	0	0	0	0	0	0	36	331,003
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	36	331,003	0	0	0	0	0	0	36	331,003
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,065	24,652,864		(a)					1,065	24,652,864
21. Issued during year	12	75,000							12	75,000
22. Other changes to in force (Net)	(77)	(1,899,986)			-	-			(77)	(1,899,986)
23. In force December 31 of current year	1,000	22,827,878	0	(a) 0	0	0	0	0	1,000	22,827,878

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,789	2,899	-	300	581
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,915,328	3,940,712	-	2,618,939	2,622,865
25.3 Non-renewable for stated reasons only (b)	1,940	1,995	-	380	411
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,917,268	3,942,707	0	2,619,319	2,623,276
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,920,057	3,945,606	0	2,619,619	2,623,857

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	82,540		(a)					2	82,540
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	82,540	0	(a) 0	0	0	0	0	2	82,540

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	358	360	-	1,000	1,014
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,915	17,923	-	5,235	3,902
25.3 Non-renewable for stated reasons only (b)	7,206	7,934	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	24,121	25,857	0	5,235	3,902
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,479	26,217	0	6,235	4,916

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	37				37
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	37	0	0	0	37
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	63,361		(a)					3	63,361
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	-	-			-	-			0	0
23. In force December 31 of current year	3	63,361	0	(a) 0	0	0	0	0	3	63,361

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	15,368	16,240	-	9,573	9,468
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	15,368	16,240	0	9,573	9,468
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,368	16,240	0	9,573	9,468

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	120,304				120,304
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	120,304	0	0	0	120,304
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,423				25,423
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	101,152				101,152
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	126,575	0	0	0	126,575
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		(45,377)							0	(45,377)
17. Incurred during current year	1	70,800			-	-			1	70,800
Settled during current year:										
18.1 By payment in full	1	25,423							1	25,423
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	1	25,423	0	0	0	0	0	0	1	25,423
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	25,423	0	0	0	0	0	0	1	25,423
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	133	10,282,958		(a)					133	10,282,958
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(11)	(936,376)			-	-			(11)	(936,376)
23. In force December 31 of current year	122	9,346,582	0	(a) 0	0	0	0	0	122	9,346,582

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,468	2,482	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	945,611	988,202	-	637,368	630,641
25.3 Non-renewable for stated reasons only (b)	360	370	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	945,971	988,572	0	637,368	630,641
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	948,439	991,054	0	637,368	630,641

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	264,633				264,633
2.	Annuity considerations	3,200				3,200
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	267,833	0	0	0	267,833
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	67,412				67,412
10.	Matured endowments					0
11.	Annuity benefits	6,840				6,840
12.	Surrender values and withdrawals for life contracts	42,930				42,930
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	117,182	0	0	0	117,182
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(766)				(7,500)			0	(8,266)
17.	Incurred during current year	11	70,678			-	7,500			11	78,178
	Settled during current year:										
18.1	By payment in full	10	67,412							10	67,412
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	67,412	0	0	0	0	0	0	10	67,412
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	67,412	0	0	0	0	0	0	10	67,412
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,500	0	0	0	0	0	0	1	2,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	446	12,441,562		(a)					446	12,441,562
21.	Issued during year	1	5,000							1	5,000
22.	Other changes to in force (Net)	(27)	(389,559)			-	-			(27)	(389,559)
23.	In force December 31 of current year	420	12,057,003	0	(a) 0	0	0	0	0	420	12,057,003

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	-	-	-	(141)	(97)
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	44,216	44,474	-	28,282	28,683
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,998,612	2,001,159	-	1,540,636	1,865,551
25.3	Non-renewable for stated reasons only (b)	95,755	98,459	-	5,433	5,875
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,094,367	2,099,618	0	1,546,069	1,871,426
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,138,583	2,144,092	0	1,574,210	1,900,012

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	223,824				223,824
2. Annuity considerations	9,492				9,492
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	233,316	0	0	0	233,316
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,866				100,866
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	142,367				142,367
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	243,233	0	0	0	243,233
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	9,378							1	9,378
17. Incurred during current year	19	101,488			-	-			19	101,488
Settled during current year:										
18.1 By payment in full	18	100,866							18	100,866
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	100,866	0	0	0	0	0	0	18	100,866
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	100,866	0	0	0	0	0	0	18	100,866
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000	0	0	0	0	0	0	2	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	509	10,066,016		(a)					509	10,066,016
21. Issued during year	12	75,000							12	75,000
22. Other changes to in force (Net)	(28)	(492,951)			-	-			(28)	(492,951)
23. In force December 31 of current year	493	9,648,065	0	(a) 0	0	0	0	0	493	9,648,065

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,042	25,577	-	16,441	12,062
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	17,027	17,127	-	9,361	9,494
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,037,414	1,031,465	-	552,841	552,337
25.3 Non-renewable for stated reasons only (b)	3,052	3,138	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,040,466	1,034,603	0	552,841	552,337
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,081,535	1,077,307	0	578,643	573,893

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	94,553				94,553
2. Annuity considerations	1,600				1,600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	96,153	0	0	0	96,153
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,548				7,548
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	59,537				59,537
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	67,085	0	0	0	67,085
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		6,411							0	6,411
17. Incurred during current year	3	7,038			-	-			3	7,038
Settled during current year:										
18.1 By payment in full	2	7,549							2	7,549
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	2	7,549	0	0	0	0	0	0	2	7,549
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	7,549	0	0	0	0	0	0	2	7,549
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,900	0	0	0	0	0	0	1	5,900
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	218	15,951,349		(a)					218	15,951,349
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(188,446)			-	-			(10)	(188,446)
23. In force December 31 of current year	208	15,762,903	0	(a) 0	0	0	0	0	208	15,762,903

(a) Includes Individual Credit Life Insurance, prior year $.....0 current year $.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $.....0 current year $.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $.....0 current year $.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	8,371	8,420	-	6,255	6,344
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	917,309	909,279	-	863,514	991,521
25.3 Non-renewable for stated reasons only (b)	22,908	23,555	-	19,429	20,445
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	940,217	932,834	0	882,943	1,011,966
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	948,588	941,254	0	889,198	1,018,310

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	(53,614)
2. Current year's realized pre-tax capital gains/(losses) of $.....295,707 transferred into the reserve net of taxes of $.....103,497	192,209
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	138,595
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(155,726)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	294,321

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2011	(180,352)	24,626		(155,726)
2. 2012	(129,100)	40,219		(88,881)
3. 2013	(75,486)	28,387		(47,099)
4. 2014	(18,142)	24,556		6,414
5. 2015	897	20,701		21,598
6. 2016	17,411	16,439		33,850
7. 2017	38,251	13,064		51,315
8. 2018	57,254	10,409		67,663
9. 2019	64,468	7,541		72,009
10. 2020	61,847	4,674		66,521
11. 2021	53,605	1,593		55,198
12. 2022	41,296	0		41,296
13. 2023	27,361	0		27,361
14. 2024	16,214	0		16,214
15. 2025	5,049	0		5,049
16. 2026	(819)	0		(819)
17. 2027	(4,873)			(4,873)
18. 2028	(9,564)			(9,564)
19. 2029	(12,208)			(12,208)
20. 2030	(12,518)			(12,518)
21. 2031	(10,320)			(10,320)
22. 2032	(6,161)			(6,161)
23. 2033	(1,731)			(1,731)
24. 2034	2,124			2,124
25. 2035	5,025			5,025
26. 2036	5,804			5,804
27. 2037	4,593			4,593
28. 2038	3,503			3,503
29. 2039	2,218			2,218
30. 2040	739			739
31. 2041 and Later				0
32. Total (Lines 1 to 31)	(53,615)	192,209	0	138,594

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	278,852	35,619	314,471		0	0	314,471
2. Realized capital gains/(losses) net of taxes - General Account	(15,222)		(15,222)		486,885	486,885	471,663
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	(9,012)		(9,012)			0	(9,012)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	222,898	11,804	234,702		807	807	235,509
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	477,516	47,424	524,939	0	487,692	487,692	1,012,632
9. Maximum reserve	1,132,153	35,600	1,167,754		213,612	213,612	1,381,366
10. Reserve objective	803,289	22,484	825,774		212,199	212,199	1,037,973
11. 20% of (Line 10 minus Line 8)	65,155	(4,988)	60,167	0	(55,099)	(55,099)	5,068
12. Balance before transfers (Lines 8 + 11)	542,671	42,436	585,106	0	432,594	432,594	1,017,700
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero		(6,835)	(6,835)		(411,373)	(411,373)	(418,208)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	542,671	35,601	578,271	0	21,221	21,221	599,492

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	5,183,458	XXX	XXX	5,183,458	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	153,167,340	XXX	XXX	153,167,340	0.0004	61,267	0.0023	352,285	0.0030	459,502
3	2	High quality	41,951,775	XXX	XXX	41,951,775	0.0019	79,708	0.0058	243,320	0.0090	377,566
4	3	Medium quality	1,993,145	XXX	XXX	1,993,145	0.0093	18,536	0.0230	45,842	0.0340	67,767
5	4	Low quality	2,975,417	XXX	XXX	2,975,417	0.0213	63,376	0.0530	157,697	0.0750	223,156
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default	20,436	XXX	XXX	20,436	0.0000	0	0.2000	4,087	0.2000	4,087
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999)	205,291,571	XXX	XXX	205,291,571	XXX	222,888	XXX	803,232	XXX	1,132,078
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16) (Page 3, Line 2.1, Column 3 plus Schedule DL, Part 1, Column 6, Line 7099999)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	7,678,928	XXX	XXX	7,678,928	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	25,000	XXX	XXX	25,000	0.0004	10	0.0023	58	0.0030	75
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24)	7,703,928	XXX	XXX	7,703,928	XXX	10	XXX	58	XXX	75

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33)	212,995,499	XXX	XXX	212,995,499	XXX	222,898	XXX	803,289	XXX	1,132,153
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages			XXX	0	(a)	0	(a)	0	(a)	0
36		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other	3,747,390		XXX	3,747,390	(a) 0.0032	11,804	(a) 0.0060	22,484	(a) 0.0095	35,600
40		In good standing with restructured terms			XXX	0	(b)	0	(b)	0	(b)	0
		Overdue, not in process:										
41		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Column 3 plus Schedule DL, Part 1, Column 6, Line 8799999)	3,747,390	0	XXX	3,747,390	XXX	11,804	XXX	22,484	XXX	35,600
52		Schedule DA mortgages			XXX	0	(c)	0	(c)	0	(c)	0
53		Total mortgage loans on real estate (Lines 51 + 52)	3,747,390	0	XXX	3,747,390	XXX	11,804	XXX	22,484	XXX	35,600

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(d)	0	(d)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans				0	(c)	0	(c)	0	(c)	0
15		Real estate				0	(e)	0	(e)	0	(e)	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17) (Page 2, Line 2.2, Column 3 plus Schedule DL, Column 6, Line 7599999)	0	0	0	0	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality	2,017,971	XXX	XXX	2,017,971	0.0004	807	0.0023	4,641	0.0030	6,054
25	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29)	2,017,971	XXX	XXX	2,017,971	XXX	807	XXX	4,641	XXX	6,054

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with preferred stock characteristics (sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm mortgages			XXX	0	(a)	0	(a)	0	(a)	0
40		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other			XXX	0	(a) 0.0032	0	(a) 0.0060	0	(a) 0.0095	0
44		In good standing with restructured terms			XXX	0	(b)	0	(b)	0	(b)	0
		Overdue, Not in Process:										
45		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure:										
50		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with mortgage loan characteristics (sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56		Unaffiliated public		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
57		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with common stock characteristics (sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home office property (general account only)				0	0.0000	0	0.0750	0	0.0750	0
63		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
64		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with real estate characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed federal low income housing tax credit				0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed federal low income housing tax credit				0	0.0063	0	0.0120	0	0.0190	0
68		State low income housing tax credit				0	0.0273	0	0.0600	0	0.0975	0
69		All other low income housing tax credit				0	0.0273	0	0.0600	0	0.0975	0
70		Total low income housing tax credit (Lines 66 through 69)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71		Other invested assets - Schedule BA	1,596,600	XXX		1,596,600	0.0000	0	0.1300	207,558	0.1300	207,558
72		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total all other (sum of Lines 71 + 72)	1,596,600	XXX	0	1,596,600	XXX	0	XXX	207,558	XXX	207,558
74		Total other invested assets - Schedule BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	3,614,571	0	0	3,614,571	XXX	807	XXX	212,199	XXX	213,612

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(e) Determined using same factors and breakdowns used for directly owned real estate.

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	48,299,163	XXX	126,553	XXX		XXX	447,186	XXX		XXX	47,411,416	XXX	314,008	XXX		XXX		XXX
2.	Premiums earned	48,857,341	XXX	125,920	XXX		XXX	377,930	XXX		XXX	48,195,089	XXX	158,402	XXX		XXX		XXX
3.	Incurred claims	38,710,625	79.2	90,729	72.1		0.0	323,378	85.6		0.0	38,171,627	79.2	124,891	78.8		0.0		0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	38,710,625	79.2	90,729	72.1	0	0.0	323,378	85.6	0	0.0	38,171,627	79.2	124,891	78.8	0	0.0	0	0.0
6	Increase in contract reserves	5,472,142	11.2	3,066	2.4		0.0		0.0		0.0	5,469,076	11.3		0.0		0.0		0.0
7	Commissions (a)	(4,302,595)	(8.8)	(11,946)	(9.5)		0.0	(56,756)	(15.0)		0.0	(4,163,203)	(8.6)	(70,690)	(44.6)		0.0		0.0
8	Other general insurance expenses	6,313,684	12.9	16,453	13.1		0.0	51,792	13.7		0.0	6,156,099	12.8	89,340	56.4		0.0		0.0
9	Taxes, licenses and fees	2,321,986	4.8	6,738	5.4		0.0	19,320	5.1		0.0	2,279,061	4.7	16,867	10.6		0.0		0.0
10	Total other expenses incurred	4,333,075	8.9	11,245	8.9	0	0.0	14,356	3.8	0	0.0	4,271,957	8.9	35,517	22.4	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	(17,373)	(0.0)	1	0.0	0	0.0	139	0.0	0	0.0	(18,000)	(0.0)	487	0.3	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	358,872	0.7	20,879	16.6	0	0.0	40,057	10.6	0	0.0	300,429	0.6	(2,493)	(1.6)	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	358,872	0.7	20,879	16.6	0	0.0	40,057	10.6	0	0.0	300,429	0.6	(2,493)	(1.6)	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Penalties	2,483	0.0	1	0.0		0.0		0.0		0.0	2,482	0.0		0.0		0.0		0.0
1102.	Loading	(19,856)	(0.0)		0.0		0.0	139	0.0		0.0	(20,482)	(0.0)	487	0.3		0.0		0.0
1103.			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	(17,373)	(0.0)	1	0.0	0	0.0	139	0.0	0	0.0	(18,000)	(0.0)	487	0.3	0	0.0	0	0.0

(a) Includes $.....0 reported as 'Contract, membership and other fees retained by agents.'

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
		Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
	Total								
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	6,065,155	5,089		32,571		5,954,352	73,143		
2. Advance premiums	814,775	7,051		6,405		798,801	2,518		
3. Reserve for rate credits	0								
4. Total premium reserves, current year	6,879,930	12,140	0	38,976	0	6,753,153	75,661	0	0
5. Total premium reserves, prior year	7,458,820	11,033				7,447,787			
6. Increase in total premium reserves	(578,890)	1,107	0	38,976	0	(694,634)	75,661	0	0
B. Contract Reserves:									
1. Additional reserves (a)	84,726,182	3,066				84,723,116			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	84,726,182	3,066	0	0	0	84,723,116	0	0	0
4. Total contract reserves, prior year	79,254,040					79,254,040			
5. Increase in contract reserves	5,472,142	3,066	0	0	0	5,469,076	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	31,166,353	10,102		37,061		31,082,658	36,532		
2. Total prior year	28,179,685	11,946				28,167,739			
3. Increase	2,986,668	(1,844)	0	37,061	0	2,914,919	36,532	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year	9,034,773	4,967		9,735		9,010,244	9,827		
1.2 On claims incurred during current year	26,689,183	87,606		276,582		26,246,463	78,532		
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	17,346,764	399		2,524		17,341,554	2,287		
2.2 On claims incurred during current year	13,819,589	9,703		34,537		13,741,104	34,245		
3. Test:									
3.1 Lines 1.1 and 2.1	26,381,537	5,366	0	12,259	0	26,351,798	12,114	0	0
3.2 Claim reserves and liabilities, December 31, prior year	28,179,685	11,946				28,167,739			
3.3 Line 3.1 minus Line 3.2	(1,798,148)	(6,580)	0	12,259	0	(1,815,941)	12,114	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	142,430	1,378				141,052			
2. Premiums earned	138,797	1,682				137,115			
3. Incurred claims	102,420	49				102,371			
4. Commissions	30,607	434				30,173			
B. Reinsurance Ceded:									
1. Premiums written	54,494,476	228,377		443,619		52,743,270	1,079,210		
2. Premiums earned	55,266,630	231,148		376,394		53,726,247	932,841		
3. Incurred claims	48,588,496	268,651		321,283		47,216,373	782,189		
4. Commissions	10,621,636	38,353		56,756		10,411,968	114,559		

(a) Includes $.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	734,928	658,487	85,803,287	87,196,702
2.	Beginning claim reserves and liabilities	424,449	76,663	88,991,890	89,493,002
3.	Ending claim reserves and liabilities	95,220	85,857	97,594,127	97,775,204
4.	Claims paid	1,064,157	649,293	77,201,050	78,914,500
B.	Assumed Reinsurance:				
5.	Incurred claims	(3,766)	49	106,136	102,419
6.	Beginning claim reserves and liabilities	3,769		14,845	18,614
7.	Ending claim reserves and liabilities	3		20,080	20,083
8.	Claims paid	0	49	100,901	100,950
C.	Ceded Reinsurance:				
9.	Incurred claims	731,162	325,335	47,531,999	48,588,496
10.	Beginning claim reserves and liabilities	428,218	38,863	72,208,199	72,675,280
11.	Ending claim reserves and liabilities	95,223	43,554	76,388,196	76,526,973
12.	Claims paid	1,064,157	320,644	43,352,002	44,736,803
D.	Net:				
13.	Incurred claims	0	333,201	38,377,424	38,710,625
14.	Beginning claim reserves and liabilities	0	37,800	16,798,536	16,836,336
15.	Ending claim reserves and liabilities	0	42,303	21,226,011	21,268,314
16.	Claims paid	0	328,698	33,949,949	34,278,647
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses		333,200	38,377,425	38,710,625
18.	Beginning reserves and liabilities		37,800	16,798,535	16,836,335
19.	Ending reserves and liabilities		42,303	21,226,011	21,268,314
20.	Paid claims and cost containment expenses	0	328,697	33,949,949	34,278,646

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Affiliates - U.S. Affiliates											
61727	34-0970995	01/01/2006	Central Reserve Life Insurance Company	OH	CO/I	2,480,231	29,107	10,731	4,000		
61727	34-0970995	01/01/2006	Central Reserve Life Insurance Company	OH	ACO/I		783,588	250			
0199999.	Total - General Account - U.S. Affiliates					2,480,231	812,695	10,981	4,000	0	0
0399999.	Total - General Account - Affiliates					2,480,231	812,695	10,981	4,000	0	0
General Account - Non-Affiliates - U.S. Non-Affiliates											
68284	48-0557726	03/31/2003	Pyramid Life Insurance Company	FL	OTH/i	44,330,617	10,119,903	464,902	82,104		
0499999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					44,330,617	10,119,903	464,902	82,104	0	0
0699999.	Total - General Account - Non-Affiliates					44,330,617	10,119,903	464,902	82,104	0	0
0799999.	Total - General Account					46,810,848	10,932,598	475,883	86,104	0	0
1599999.	Total U.S.					46,810,848	10,932,598	475,883	86,104	0	0
1799999.	Total					46,810,848	10,932,598	475,883	86,104	0	0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. Affiliates											
61727	34-0970995	01/01/2006	Central Reserve Life Insurance Company	OH	CO/I	1,378	475	6,133	3		
0199999.	Total - Affiliates - U.S. Affiliates					1,378	475	6,133	3	0	0
0399999.	Total - Affiliates					1,378	475	6,133	3	0	0
Non-Affiliates - U.S. Non-Affiliates											
56138	36-0971620	06/29/2007	CSA Fraternal Life	IL	CO/I	141,052	1,693	13	1,237		
99937	31-1191427	12/01/1994	Columbus Life Ins Co	OH	CO/I			18,843			
0499999.	Total - Non-Affiliates - U.S. Non-Affiliates					141,052	1,693	18,856	1,237	0	0
0699999.	Total - Non-Affiliates					141,052	1,693	18,856	1,237	0	0
0799999.	Total - U.S.					142,430	2,168	24,989	1,240	0	0
0999999.	Total					142,430	2,168	24,989	1,240	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Affiliates - Non-U.S. Affiliates						
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	193,352	608,961
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	684,373	643,277
68276	48-1024691	03/31/2003	Employers Reassurance Company	KS		195,000
67679	23-1609793	08/01/2006	American Republic Corp Ins Co	IA		91,408
0299999.	Total - Life and Annuity Affiliates - Non-U.S. Affiliates				877,725	1,538,646
0399999.	Total - Life and Annuity Affiliates				877,725	1,538,646
0799999.	Total - Life and Annuity				877,725	1,538,646
Accident and Health - Affiliates - Non-U.S. Affiliates						
88340	59-2859797	02/01/1999	Hannover Life Reassurance Co of Amer	FL	4,360,551	2,403,526
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of Amer	FL	5,996,752	2,924,355
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		72,491
0999999.	Total - Accident and Health Affiliates - Non-U.S. Affiliates				10,357,303	5,400,372
1099999.	Total - Accident and Health Affiliates				10,357,303	5,400,372
1499999.	Total - Accident and Health				10,357,303	5,400,372
1699999.	Total Non-U.S.				11,235,028	6,939,018
1799999.	Total				11,235,028	6,939,018

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	OTH/i	297,888,168	22,604,260	23,400,646	1,515,276				
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	ACO/i		17,880,745	18,314,766	543,864				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	OTH/i	265,480,956	29,383,129	29,679,116	3,680,009				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	ACO/i		35,339,746	36,200,971	2,028,832				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G				(4)				
60895	35-0145825	01/01/1973	American United Life	IN	CO/I	93,754	94	94	1,866				
62413	36-0947200	07/01/1983	Continental Assurance Company	IL	CO/I	2,415,167	10,009	9,509	40,661				
63665	43-0285930	04/01/1991	RGA	MO	CO/I	1,647,722	532	532	28,943				
63665	43-0285930	04/01/1991	RGA	MO	YRT/I	2,989,318	5,402	4,877	9,636				
68276	48-1024691	11/01/1986	Employers Reassurance Company	KS	CO/I	22,643,936	94,167	97,074	92,368				
68276	48-1024691	03/31/2003	Employers Reassurance Company	KS	CO/I	142,886	1,445	1,310					
88099	75-1608507	01/01/1979	Optimum Re	TX	YRT/I	6,720	8	116					
88099	75-1608507	01/01/1981	Optimum Re	TX	CO/I	124,344,337	53,929	44,416	723,897				
88099	75-1608507	03/31/2003	Optimum Re	TX	CO/I	372,687	8,029	9,549					
82627	06-0839705	05/01/1980	Swiss Re	CT	CO/I			297	3,110				
82627	06-0839705	02/01/1983	Swiss Re	CT	CO/I	1,954,133	5,292	553,438	40,441				
86231	39-0989781	01/01/1979	Transamerica Life Ins Co	CA	CO/I	246,641	130,572	116,386	3,559				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0
0799999.	Total - General Account - Authorized					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0
3199999.	Total U.S.					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0
3399999.	Total					720,226,425	105,517,359	108,433,097	8,712,458	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	OTH/I	20,500,998	4,348,582	126,652,754				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	OTH/I	33,184,361	4,938,576	111,285,305				
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	OTH/G		9,056					
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	OTH/G		4,832	3,067				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	OTH/G		1,092					
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	OTH/I	809,117	45,486					
68276	48-1024691	03/31/2003	Employers Reassurance Company	KS	OTH/I			156,681				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					54,494,476	9,347,624	238,097,807	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					54,494,476	9,347,624	238,097,807	0	0	0	0
0799999.	Total - General Account - Authorized					54,494,476	9,347,624	238,097,807	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					54,494,476	9,347,624	238,097,807	0	0	0	0
3199999.	Total - U.S.					54,494,476	9,347,624	238,097,807	0	0	0	0
3399999.	Total					54,494,476	9,347,624	238,097,807	0	0	0	0

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2011	2 2010	3 2009	4 2008	5 2007
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	63,207	91,090	120,550	147,297	190,085
2.	Commissions and reinsurance expense allowances	12,749	16,427	19,737	24,383	26,056
3.	Contract claims	49,852	69,476	94,160	120,015	145,839
4.	Surrender benefits and withdrawals for life contracts		7,194	10,254		
5.	Dividends to policyholders		5			
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	17,000	18,731	20,593	23,129	2,901
9.	Aggregate reserves for life and accident and health contracts	352,963	305,287	305,490	293,376	301,532
10.	Liability for deposit-type contracts		609	695		1,040
11.	Contract claims unpaid	6,939	7,969	12,996	16,714	24,166
12.	Amounts recoverable on reinsurance	11,235	12,814	14,170	16,856	19,356
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances unpaid					8,271
16.	Unauthorized reinsurance offset					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Funds deposited by and withheld from (F)					
18.	Letters of credit (L)					
19.	Trust agreements (T)					
20.	Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	220,818,408		220,818,408
2.	Reinsurance (Line 16)	14,719,183		14,719,183
3.	Premiums and considerations (Line 15)	(13,388,154)	16,770,103	3,381,949
4.	Net credit for ceded reinsurance	XXX	344,175,747	344,175,747
5.	All other admitted assets (balance)	11,986,705		11,986,705
6.	Total assets excluding Separate Accounts (Line 26)	234,136,142	360,945,850	595,081,992
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	234,136,142	360,945,850	595,081,992
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	194,405,505	352,461,040	546,866,545
10.	Liability for deposit-type contracts (Line 3)	223,731	493,740	717,471
11.	Claim reserves (Line 4)	5,007,952	6,939,018	11,946,970
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	819,403	1,052,052	1,871,455
14.	Other contract liabilities (Line 9)	316,354		316,354
15.	Reinsurance in unauthorized companies (Line 24.2)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			0
17.	All other liabilities (balance)	6,997,736		6,997,736
18.	Total liabilities excluding Separate Accounts (Line 26)	207,770,681	360,945,850	568,716,531
19.	Separate Account liabilities (Line 27)			0
20.	Total liabilities (Line 28)	207,770,681	360,945,850	568,716,531
21.	Capital & surplus (Line 38)	26,365,461	XXX	26,365,461
22.	Total liabilities, capital & surplus (Line 39)	234,136,142	360,945,850	595,081,992

	NET CREDIT FOR CEDED REINSURANCE	
23.	Contract reserves	352,461,040
24.	Claim reserves	6,939,018
25.	Policyholder dividends/reserves	0
26.	Premium & annuity considerations received in advance	1,052,052
27.	Liability for deposit-type contracts	493,740
28.	Other contract liabilities	0
29.	Reinsurance ceded assets	0
30.	Other ceded reinsurance recoverables	0
31.	Total ceded reinsurance recoverables	360,945,850
32.	Premiums and considerations	16,770,103
33.	Reinsurance in unauthorized companies	0
34.	Funds held under reinsurance treaties with unauthorized reinsurers	0
35.	Other ceded reinsurance payables/offsets	0
36.	Total ceded reinsurance payables/offsets	16,770,103
37.	Total net credit for ceded reinsurance	344,175,747

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	388,760	4,903	6,994	295,652		696,309
2. Alaska AK	5,436	-		4,279		9,715
3. Arizona AZ	115,147	5,000	10,922	243,676		374,745
4. Arkansas AR	102,765	600	5,535	122,250		231,150
5. California CA	180,431	-	1,786	82,859		265,076
6. Colorado CO	121,864	3,778	25,150	629,720		780,512
7. Connecticut CT	20,002	1,200	72,306	159,717		253,225
8. Delaware DE	135	-	5,372	4,969		10,476
9. District of Columbia DC	1,978	2,600		4,502		9,080
10. Florida FL	310,823	2,653	64,742	892,782		1,271,000
11. Georgia GA	513,581	19,456	79,807	491,317		1,104,161
12. Hawaii HI	567	-	4,366	252,243		257,176
13. Idaho ID	30,841	500	6,887	30,749		68,977
14. Illinois IL	450,044	11,190	43,644	2,007,702		2,512,580
15. Indiana IN	283,084	28,960	12,857	451,545		776,446
16. Iowa IA	429,280	82,746	34,008	2,376,317		2,922,351
17. Kansas KS	330,240	271,119	32,765	1,717,225		2,351,349
18. Kentucky KY	334,711	7,053	16,148	512,241		870,153
19. Louisiana LA	295,257	17,129	36,753	149,338		498,477
20. Maine ME	5,641	-		6,573		12,214
21. Maryland MD	49,895	-	21,427	28,582		99,904
22. Massachusetts MA	5,929	-	8,578	27,221		41,728
23. Michigan MI	305,239	1,752	46,279	461,256		814,526
24. Minnesota MN	373,081	3,785,329	54,622	4,430,063		8,643,095
25. Mississippi MS	157,094	1,300	6,340	336,712		501,446
26. Missouri MO	387,619	6,300	28,940	837,026		1,259,885
27. Montana MT	55,963	-	7,744	163,638		227,345
28. Nebraska NE	1,326,299	262,363	98,220	2,833,556		4,520,438
29. Nevada NV	23,672	18,150	13,169	50,094		105,085
30. New Hampshire NH	498	-	1,151			1,649
31. New Jersey NJ	7,744	-	1,381	10,307		19,432
32. New Mexico NM	22,061	19,479	3,488	25,111		70,139
33. New York NY	11,099	-	518	15,977		27,594
34. North Carolina NC	568,352	4,995	67,344	564,062		1,204,753
35. North Dakota ND	68,017	27,479	7,752	342,792		446,040
36. Ohio OH	525,013	91,200	67,326	1,344,078		2,027,617
37. Oklahoma OK	200,331	7,800	7,047	358,304		573,482
38. Oregon OR	112,564	3,600	15,627	22,832		154,623
39. Pennsylvania PA	214,728	7,300	179,985	617,997		1,020,010
40. Rhode Island RI	728	-	4,873	6,213		11,814
41. South Carolina SC	498,852	2,100	10,339	177,045		688,336
42. South Dakota SD	236,798	11,514	14,122	475,399		737,833
43. Tennessee TN	591,447	13,397	23,872	1,029,826		1,658,542
44. Texas TX	1,092,560	84,322	34,585	1,059,758		2,271,225
45. Utah UT	128,525	-	3,210	30,759		162,494
46. Vermont VT	37	-				37
47. Virginia VA	450,013	14,000	17,491	226,115		707,619
48. Washington WA	120,304	-	23,501	67,053		210,858
49. West Virginia WV	223,824	9,492	10,971	125,261		369,548
50. Wisconsin WI	264,633	3,200	35,546	1,185,194		1,488,573
51. Wyoming WY	94,553	1,600	18,124	122,271		236,548
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR	683					683
55. US Virgin Islands VI			1,648	3,946		5,594
56. Northern Mariana Islands MP						0
57. Canada CN						0
58. Aggregate Other Alien OT						0
59. Totals	12,038,742	4,835,559	1,295,262	27,414,104	0	45,583,667

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Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0996797				American Financial Enterprises, Inc	CT	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.00	American Financial Group, Inc	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	51.00	American Financial Group, Inc	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000765				American Premier Underwriters, Inc	PA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			37-1094159				Cal Coal, Inc	IL	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1548213				Magnolia Alabama Holdings, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6021353				The Owasco River Railway, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1236926				PCC Real Estate, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			76-0080537				PCC Technical Industries, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1388401				PCC Maryland Realty Corp	MD	NIA	PCC Technical Industries, Inc	Ownership	100.00	American Financial Group, Inc	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1537928				Penn Towers, Inc	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc	Ownership	66.67	American Financial Group, Inc	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	83.00	American Financial Group, Inc	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
							GAI Insurance Company, Ltd	BM	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			31-1446308				Hangar Acquisition Corp	OH	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508643				PLLS, Ltd	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508644				Premier Lease & Loan Services of Canada, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.00	American Financial Group, Inc	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			27-4521779				Atlas Building Company, LLC	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	

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.....	.....	.....	31-0823725..	.....	.....	.....	Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1733037..	.....	.....	.....	Flextech Holding Co., Inc.	OH	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0606803..	.....	.....	.....	GAI Holding Bermuda Ltd.	BM	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0556144..	.....	.....	.....	GAI Indemnity, Ltd.	GB	IA	GAI Holding Bermuda Ltd.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Group Limited	GB	NIA	GAI Holding Bermuda Ltd.	Ownership	.....71.60	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Holdings Limited	GB	NIA	Marketform Group Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Caduceus Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0412245..	.....	.....	.....	Lavenham Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Gabinete Marketform SL	ES	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Australia Pty Limited	AU	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Studio Marketform SRL	IT	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Management Services Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Managing Agency Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0431601..	.....	.....	.....	Sampford Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Trust Company Limited	GB	NIA	Marketform Group Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	06-1356481..	.....	.....	.....	Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	1....
.....	.....	.....	31-1475936..	.....	.....	.....	AAG Holding Company, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	58-646032....	.....	.....	.....	Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	63312....	13-1935920..	.....	.....	.....	Great American Life Insurance Company	OH	IA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	93661....	31-1021738..	.....	.....	.....	Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	27-4078277..	.....	.....	.....	Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	27-0513333..	.....	.....	.....	Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	20-1246122..	.....	.....	.....	Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	36-3383108..	.....	.....	.....	Consolidated Financial Corporation	MI	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3988240..	.....	.....	.....	FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4604276..	.....	.....	.....	GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3829557..	.....	.....	.....	GALIC - Stoneleigh, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1391777..	.....	.....	.....	GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....65.00	American Financial Group, Inc.	2....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....48.00	American Financial Group, Inc.	2....
.....	.....	.....	26-3260520..	.....	.....	.....	Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	67083....	45-0252531..	.....	.....	.....	Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....

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			52-2179330				Skipjack Marina Corp	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			20-3568924				Loyal American Holding Corporation	OH	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Loyal American Holding Corporation	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			45-4121852				GALAC Holding Company	OH	NIA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	62200	95-2496321				Great American Life Assurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			74-2180806				United Teacher Associates, Ltd	TX	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	1
0084	American Financial Group, Inc	63479	58-0869673				United Teacher Associates Insurance Company	TX	IA	United Teacher Associates, Ltd	Ownership	100.00	American Financial Group, Inc	
			31-1422717				AAG Insurance Agency, Inc	KY	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1017531				Ceres Group, Inc	DE	UIP	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life & Health Insurance Company	Ownership	100.00	American Financial Group, Inc	
			34-1880408				Ceres Administrators, L.L.C	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1947043				Ceres Sales, LLC	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			34-1920479				HealthMark Sales, LLC	DE	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			47-0717079				Continental General Corporation	NE	UDP	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	71404	47-0463747				Continental General Insurance Company	OH		Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			47-0562685				Continental Print & Photo Co	NE	NIA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			34-1947042				QQAgency of Texas, Inc	TX	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1395344				Great American Advisors, Inc	OH	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			42-1575938				Great American Holding, Inc	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-3062314				Agricultural Services, LLC	OH	NIA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
			45-4110027				Unites States Commodities Producers LLC	MT	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
			27-2354685				United States Livestock Producers, LLC	NV	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
0084	American Financial Group, Inc	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Livestock Producers, LLC	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	35351	31-0912199				American Empire Surplus Lines Insurance Company	DE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	37990	31-0973761				American Empire Insurance Company	OH	IA	American Empire Surplus Lines Insurance Company	Ownership	100.00	American Financial Group, Inc	
			59-1671722				American Empire Underwriters, Inc	TX	NIA	American Empire Insurance Company	Ownership	100.00	American Financial Group, Inc	
							Great American International Insurance Limited	IE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	23418	73-0556513				Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	15380	73-1406844				Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	13794	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc	OK	NIA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	

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0084..	American Financial Group, Inc...	23426....	73-0773259..	.....	.....	.....	Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company	TC	IA	Great American Holding, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	16691....	31-0501234..	.....	.....	.....	Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañia de Seguros, S.A. de C.V.	MX	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Financiadora de Primas Condor, S.A. de C.V.	MX	NIA	El Aguila, Compañia de Seguros, S.A. de C.V.	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.	NY	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management	.....	American Financial Group, Inc.	3.....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.	CN	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	.....35.00	American Financial Group, Inc.	2.....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Insurance Company	Ownership	.....32.00	American Financial Group, Inc.	2.....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.	TX	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26832....	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26344....	15-6020948..	.....	.....	.....	Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	39896....	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.	DE	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	10646....	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	37532....	31-0954439..	.....	.....	.....	Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	41858....	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0084..	American Financial Group, Inc...	22136....	13-5539046..	.....	.....	.....	Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38024....	31-0974853..	.....	.....	.....	Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc.....	4.....
.....	.....	.....	31-1073664..	.....	.....	.....	Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0856644..	.....	.....	.....	Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38580....	31-1288778..	.....	.....	.....	Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0918893..	.....	.....	.....	Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	31135....	31-1209419..	.....	.....	.....	Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	33723....	31-1237970..	.....	.....	.....	Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-1263251..	.....	.....	.....	Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607394..	.....	0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....52.40	American Financial Group, Inc.....	.....
.....	.....	.....	34-1899058..	.....	.....	.....	American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1548235..	.....	.....	.....	Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0191335..	.....	.....	.....	Hudson Indemnity, Ltd.....	KY.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	66-0660039..	.....	.....	.....	Hudson Management Group, Ltd.....	VI.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607396..	.....	.....	.....	National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4670968..	.....	.....	.....	Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	32620....	34-1607395..	.....	.....	.....	National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	11051....	99-0345306..	.....	.....	.....	National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41106....	95-3623282..	.....	.....	.....	Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1415856..	.....	.....	.....	Vanliner Group, Inc.....	DE.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1254631..	.....	.....	.....	TransProtection Service Company.....	MO.....	NIA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	21172....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BM.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	23-2825108..	.....	.....	.....	Safety, Claims & Litigation Services, Inc.....	PA.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Penn Central U.K. Limited.....	GB.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Insurance (GB) Limited.....	GB.....	IA.....	Penn Central U.K. Limited.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	871,850,814	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....49.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1737792..	.....	.....	.....	Superior NWVN of Ohio, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....

Asteris	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	31-1544320	American Financial Group, Inc.	340,000,000				113,262,108				453,262,108	
00000	41-2112001	APU Holding Company	40,000,000								40,000,000	
00000		GAI Insurance Company, Ltd	(12,000,000)								(12,000,000)	
22179	95-2801326	Republic Indemnity Company of America	(28,000,000)						*		(28,000,000)	(34,751,381)
00000		Lloyd's Syndicate 2468 (United Kingdom)									0	2,514,000
00000	98-0412245	Lavenham Underwriting Limited									0	9,248,935
00000	98-0431601	Sampford Underwriting Limited									0	9,845,639
00000	31-1475936	AAG Holding Company, Inc.	40,000,000								40,000,000	
63312	13-1935920	Great American Life Insurance Company	(34,000,000)	(16,127,212)							(50,127,212)	(46,237,693)
00000	45-2969767	Aerielle IP Holdings, LLC		1,000,000							1,000,000	
00000	45-3829557	GALIC - Stoneleigh, LLC		12,723,462							12,723,462	
00000	45-1144095	GALIC Pointe, LLC		4,275,000							4,275,000	
67083	45-0252531	Manhattan National Life Insurance Company	(6,000,000)								(6,000,000)	
00000	20-3568924	Loyal American Holding Corporation		(1,332,648)							(1,332,648)	
65722	63-0343428	Loyal American Life Insurance Company		1,332,648							1,332,648	56,205,945
62200	95-2496321	Great American Life Assurance Company									0	10,658,158
00000	74-2180806	United Teacher Associates, Ltd	7,600,000	(285,835)							7,314,165	
63479	58-0869673	United Teacher Associates Insurance Company	(7,600,000)	285,835							(7,314,165)	(20,626,410)
00000	34-1017531	Ceres Group, Inc.		2,500,000							2,500,000	
61727	34-0970995	Central Reserve Life Insurance Company		(2,500,000)							(2,500,000)	824,339
00000	47-0717079	Continental General Corporation		(5,000,000)							(5,000,000)	
71404	47-0463747	Continental General Insurance Company		5,000,000							5,000,000	(824,339)
00000	42-1575938	Great American Holding, Inc.	120,000,000	(200,000)							119,800,000	
35351	31-0912199	American Empire Surplus Lines Insurance Company	(36,200,000)						*		(36,200,000)	7,562,000
37990	31-0973761	American Empire Insurance Company	(3,800,000)						*		(3,800,000)	23,000
00000		Great American International Insurance Limited (Ireland)									0	7,539,000
23418	73-0556513	Mid-Continent Casualty Company	(80,000,000)	(45,000)					*		(80,045,000)	(7,644,000)
00000	30-0571535	Mid-Continent Specialty Insurance Services, Inc.		45,000							45,000	
00000		Premier International Insurance Company (Turks and Caicos I		200,000							200,000	
16691	31-0501234	Great American Insurance Company	(309,225,300)	(20,234,435)			(113,262,108)		*		(442,721,843)	9,478,426
00000	27-3062314	Agricultural Services, LLC		1,500,000							1,500,000	
00000	13-3628555	FCIA Management Company, Inc.	(102,700)								(102,700)	
00000		GAI Warranty Company of Canada Inc.		463,185							463,185	4,380,000
00000	61-1329718	Global Premier Finance Company	(2,000,000)								(2,000,000)	
37532	31-0954439	Great American E & S Insurance Company		8,000,000					*		8,000,000	
41858	31-1036473	Great American Fidelity Insurance Company		8,000,000					*		8,000,000	
22136	13-5539046	Great American Insurance Company of New York	(20,000,000)						*		(20,000,000)	
38024	31-0974853	Great American Lloyd's Insurance Company									0	2,716,000
00000	34-1607394	National Interstate Corporation	6,328,000								6,328,000	
00000	98-0191335	Hudson Indemnity, Ltd (Cayman Islands)									0	(161,531,000)
32620	34-1607395	National Interstate Insurance Company	3,300,000						*		3,300,000	144,657,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	(1,200,000)						*		(1,200,000)	6,897,000
41106	95-3623282	Triumphe Casualty Company	(1,600,000)						*		(1,600,000)	189,000
21172	86-0114294	Vanliner Insurance Company	(10,500,000)						*		(10,500,000)	2,318,000
00000		Insurance (GB) Limited (United Kingdom)									0	194,000
00000	27-2226948	Pinecrest Place LLC		300,000							300,000	
00000		Preferred Market Solutions, LLC		100,000							100,000	
00000	31-1293064	Professional Risk Brokers, Inc.	(5,000,000)								(5,000,000)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	3,635,619

Pooling Information

35351	American Empire Surplus Lines Insurance Company	90.00%
37990	American Empire Insurance Company	10.00%
23418	Mid-Continent Casualty Company	94.00%
15380	Mid-Continent Assurance Company	3.00%
23426	Oklahoma Surety Company	3.00%
13794	Mid-Continent Excess and Surplus Insurance Company	
22179	Republic Indemnity Company of America	97.00%
43753	Republic Indemnity Company of California	3.00%
32620	National Interstate Insurance Company	70.00%
21172	Vanliner Insurance Company	26.00%
11051	National Interstate Insurance Company of Hawaii, Inc	2.00%
41106	Triumphe Casualty Company	2.00%
16691	Great American Insurance Company	100.00%
22136	Great American Insurance Company of New York	
26832	Great American Alliance Insurance Company	
26344	Great American Assurance Company	
39896	Great American Casualty Insurance Company	
10646	Great American Contemporary Insurance Company	
37532	Great American E&S Insurance Company	
41858	Great American Fidelity Insurance Company	
38580	Great American Protection Insurance Company	
31135	Great American Security Insurance Company	
33723	Great American Spirit Insurance Company	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	SEE EXPLANATION
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

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27.
28.
29.
30.
31.
32.
33. Not Applicable
34.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

35.

36.

37. Not Applicable

38. Not Applicable

39. Not Applicable

40.

41.

42.

43.

44.

45.

46.

47.

48.

Overflow Page for Write-Ins

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Prepaids	27,050	9,550	(17,500)
2597. Summary of remaining write-ins for Line 25	27,050	9,550	(17,500)

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Alaska

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	332.....	P.....	.....NO.....	....34000.....	.05/16/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	3,080	209	.....6.8	1	.....	.....	.....0.0	.....
.....YES.....	3AD.....	D.....	.....NO.....	....34000.....	.08/16/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,509	-	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									7,589	209	.....2.8	2	0	0	.....0.0	0

360.AK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	332	P	NO	34000	.05/03/1990			.12/31/1992	MEDICARE SUPPLEMENT	4,618	405	8.8	1			0.0	
YES	342	C	NO	34000	.03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	22,289	14,651	65.7	6			0.0	
YES	345	F	NO	34000	.03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	23,414	19,203	82.0	4			0.0	
YES	346	G	NO	34000	.03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,736	-	0.0	1			0.0	
YES	348	I	NO	34000	.03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,393	3,015	19.6	2			0.0	
YES	3AB	B	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	31,105	2,931	9.4	6			0.0	
YES	3AC	C	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	37,212	23,863	64.1	7			0.0	
YES	3AD	D	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	33,516	29,358	87.6	7			0.0	
YES	3AE	E	NO	34000	.10/15/2003			.05/31/2010	MEDICARE SUPPLEMENT	46,082	16,546	35.9	12			0.0	
YES	3AF	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	185,602	100,670	54.2	44			0.0	
YES	3AG	G	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	16,165	16,051	99.3	4			0.0	
YES	3AH	H	NO	34000	.05/26/2006			.05/31/2010	MEDICARE SUPPLEMENT	142,310	103,397	72.7	54	23,603	17,225	73.0	9
YES	3AJ	J	NO	34000	.10/11/2006			.05/31/2010	MEDICARE SUPPLEMENT	15,383	15,708	102.1	5	25,463	11,801	46.3	8
YES	3AK	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,933	-	0.0	4			0.0	
YES	CGI-MS-DM-AA-F-AL	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		26,620	28,429	106.8	24
YES	CGI-MS-DM-AA-G-AL	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		7,132	3,804	53.3	6
YES	CGI-MS-DM-AA-N-AL	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,556	496	31.9	1
0199999.	Total Policy Experience on Individual Policies									580,757	345,799	59.5	157	84,374	61,756	73.2	48

360.AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

GENERAL INTERROGATORIES

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	332	P	NO	34000	.07/23/1990			.12/31/1992	MEDICARE SUPPLEMENT	5,951	762	12.8	1			0.0	
YES	345	F	NO	34000	.05/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	49,305	34,696	70.4	18			0.0	
YES	346	G	NO	34000	.05/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	4,512	1,291	28.6	2			0.0	
YES	347	H	NO	34000	.05/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0	1			0.0	
YES	3AH	H	NO	34000	.08/30/2006			.05/31/2010	MEDICARE SUPPLEMENT	1,743	5,518	316.6				0.0	
YES	CGI-MS-DM-CR-F-AR	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		30,702	17,172	55.9	27
YES	CGI-MS-DM-CR-G-AR	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		4,586	721	15.7	3
YES	CGI-MS-DM-CR-N-AR	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,805	-	0.0	2
0199999.	Total Policy Experience on Individual Policies									61,511	42,266	68.7	22	37,094	17,893	48.2	32

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.06/05/1981			.12/31/1988	MEDICARE SUPPLEMENT	10,025	5,396	53.8	3			0.0	
YES	310	P	NO	34000	.06/02/1982			.12/31/1987	MEDICARE SUPPLEMENT	1,990	1,166	58.6	1			0.0	
YES	314	P	NO	34000	.07/05/1985			.12/31/1988	MEDICARE SUPPLEMENT	-	(60)	0.0				0.0	
YES	323	P	NO	34000	.02/21/1989			.12/31/1990	MEDICARE SUPPLEMENT	80,306	40,500	50.4	18			0.0	
YES	332	P	NO	34000	.05/25/1990			.12/31/1992	MEDICARE SUPPLEMENT	88,824	47,789	53.8	20			0.0	
YES	342	C	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	2,617	2,636	100.7	1			0.0	
YES	345	F	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	130,841	52,748	40.3	26			0.0	
YES	346	G	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	30,020	6,728	22.4	7			0.0	
YES	348	I	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	5,222	2,071	39.7	1			0.0	
YES	3AE	E	NO	34000	.01/20/2004			.05/31/2010	MEDICARE SUPPLEMENT	3,887	9,393	241.6	1			0.0	
YES	3AF	F	NO	34000	.09/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	35,314	15,550	44.0	9			0.0	
YES	3AK	F	NO	34000	.09/24/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	6,046	1,389	23.0	8			0.0	
YES	CGI-MS-DM-IA-F-AZ	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		7,773	1,592	20.5	4
0199999.	Total Policy Experience on Individual Policies									395,091	185,306	46.9	95	7,773	1,592	20.5	4

360.AZ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	12/31/1988			12/31/1991	MEDICARE SUPPLEMENT	55,935	58,152	104.0	17			0.0	
YES	332	P	NO	34000	07/19/1991			12/31/1992	MEDICARE SUPPLEMENT	110,894	78,044	70.4	33			0.0	
YES	342	C	NO	34060	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	31,549	9,262	29.4	5			0.0	
YES	345	F	NO	34060	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	31,231	4,406	14.1	5			0.0	
YES	346	G	NO	34000	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	4,619	1,169	25.3	1			0.0	
YES	3AE	E	NO	34000	04/12/2004			05/31/2010	MEDICARE SUPPLEMENT	6,174	12,490	202.3	1			0.0	
YES	3AK	F	NO	34060	10/29/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,847	-	0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									242,249	163,522	67.5	64	0	0	0.0	0

360.CA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.12/14/1988			.12/31/1991	MEDICARE SUPPLEMENT	80,147	60,980	76.1	25			0.0	
YES	332	P	NO	34000	.06/10/1991			.12/31/1992	MEDICARE SUPPLEMENT	18,542	14,305	77.2	5			0.0	
YES	340	A	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,057	7,077	231.5	1			0.0	
YES	342	C	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	7,093	4,433	62.5	2			0.0	
YES	345	F	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	48,481	20,360	42.0	12			0.0	
YES	346	G	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	22,726	20,224	89.0	8			0.0	
YES	3AB	B	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,120	-	0.0	1			0.0	
YES	3AE	E	NO	34060	.03/08/2004			.05/31/2010	MEDICARE SUPPLEMENT	7,335	1,414	19.3	2			0.0	
YES	3AF	F	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	795,421	382,844	48.1	202			0.0	
YES	3AG	G	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	29,953	25,115	83.8	9			0.0	
YES	3AJ	J	NO	34060	.10/11/2006			.05/31/2010	MEDICARE SUPPLEMENT	36,305	29,800	82.1	10			0.0	
YES	3AK	F	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	29,917	4,961	16.6	38			0.0	
YES	CGI-MS-DM-AA-A-CC	A	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,654	190	11.5	1
YES	CGI-MS-DM-AA-F-CC	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		93,954	82,244	87.5	99
YES	CGI-MS-DM-AA-G-CC	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		4,235	365	8.6	5
YES	CGI-MS-DM-AA-N-CC	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,723	39	1.4	2
YES	CSA-D	D	NO	34060	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	1,537	5,448	354.6	1	2,556	-	0.0	1
YES	CSA-F	F	NO	34060	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	3,721	4,444	119.4	2	388,206	253,887	65.4	195
YES	CSA-G	G	NO	34060	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0		8,011	18,115	226.1	5
0199999.	Total Policy Experience on Individual Policies									1,087,354	581,406	53.5	318	501,338	354,840	70.8	308

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this st
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Connecticut

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	340.....	A.....	.....NO.....	....34060.....	.10/18/1993	.....	.....	.06/25/2000	MEDICARE SUPPLEMENT.....	17,726	13,187	.....74.4	5	.....	.....	.....0.0	.....
.....YES.....	348.....	I.....	.....NO.....	....34000.....	.10/18/1993	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	17,956	4,487	.....25.0	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									35,682	17,673	.....49.5	9	0	0	.....0.0	0

360.CT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Delaware

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.01/17/1989			.12/31/1990	MEDICARE SUPPLEMENT	3,833	1,494	39.0	1			0.0	
YES	3AD	D	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,680	495	13.4	1			0.0	
YES	3AF	F	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,248	5,386	239.5				0.0	
YES	3AG	G	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	7,593	1,301	17.1	2			0.0	
YES	3AH	H	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0		3,541	3,449	97.4	1
YES	3AJ	J	NO	34000	.10/03/2006			.05/31/2010	MEDICARE SUPPLEMENT	7,444	12,344	165.8	2			0.0	
YES	3AK	F	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	387	-	0.0				0.0	
0199999.	Total Policy Experience on Individual Policies									25,183	21,019	83.5	6	3,541	3,449	97.4	1

360.DE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	324	P	NO	34000	05/18/1989			12/31/1990	MEDICARE SUPPLEMENT	56,067	59,601	106.3	20			0.0	
YES	333	P	NO	34000	06/21/1990			12/31/1992	MEDICARE SUPPLEMENT	294,296	379,060	128.8	118			0.0	
YES	340	A	NO	34000	01/14/1992			10/21/2000	MEDICARE SUPPLEMENT	117,338	120,274	102.5	55			0.0	
YES	342	C	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	7,845,645	6,977,429	88.9	2,467			0.0	
YES	345	F	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	1,585,338	1,343,301	84.7	490			0.0	
YES	346	G	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	92,076	68,261	74.1	29			0.0	
YES	348	I	NO	34000	01/14/1992			01/01/1999	MEDICARE SUPPLEMENT	390,120	321,050	82.3	113			0.0	
YES	8701-470 (390)	P	NO	34000	01/09/1987			12/31/1991	MEDICARE SUPPLEMENT	8,889	6,017	67.7	5			0.0	
YES	8701-471 (391)	P	NO	34000	01/09/1987			12/31/1991	MEDICARE SUPPLEMENT	4,926	12,724	258.3	2			0.0	
YES	8907-473 (393)	P	NO	34000	08/18/1989			12/31/1991	MEDICARE SUPPLEMENT	3,778	458	12.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									10,398,472	9,288,175	89.3	3,300	0	0	0.0	0
Group Policies																	
YES	361	B	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	3,655	3,591	98.3	2			0.0	
YES	362	C	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	132,591	159,285	120.1	67			0.0	
YES	363	F	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	1,778	6,090	342.6	1			0.0	
YES	364	I	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	5,758	6,874	119.4	1			0.0	
0299999.	Total Policy Experience on Group Policies									143,782	175,841	122.3	71	0	0	0.0	0

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	12/16/1988			12/31/1990	MEDICARE SUPPLEMENT	11,138	3,736	33.5	3			0.0	
YES	332	P	NO	34000	08/03/1990			12/31/1992	MEDICARE SUPPLEMENT	45,863	53,269	116.1	14			0.0	
YES	340	A	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	15,434	3,933	25.5	5			0.0	
YES	342	C	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	275,147	138,341	50.3	69			0.0	
YES	344	E	NO	34000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	78,377	47,835	61.0	38			0.0	
YES	345	F	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	1,339,593	884,083	66.0	456			0.0	
YES	346	G	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	1,030,119	858,338	83.3	435			0.0	
YES	348	I	NO	34000	05/28/1992			12/31/1999	MEDICARE SUPPLEMENT	101,799	36,452	35.8	26			0.0	
YES	3AC	C	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	4,647	737	15.8	1			0.0	
YES	3AD	D	NO	34000				05/31/2010	MEDICARE SUPPLEMENT	485	130	26.8				0.0	
YES	3AF	F	NO	34000	05/28/1992			05/31/2010	MEDICARE SUPPLEMENT	2,118	1,835	86.7				0.0	
YES	CGI-MS-DM-IA-F-GA	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		16,048	13,752	85.7	9
YES	CGI-MS-DM-IA-G-GA	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		3,844	2,602	67.7	6
YES	CGI-MS-DM-IA-N-GA	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		2,283	4,232	185.4	2
0199999.	Total Policy Experience on Individual Policies									2,904,718	2,028,689	69.8	1,047	22,175	20,586	92.8	17

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.IA

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	308	P	NO	34000	.03/06/1979			.12/31/1981	MEDICARE SUPPLEMENT	4,346	409	9.4	2			0.0	
YES	310	P	NO	34000	.06/02/1982			.12/31/1987	MEDICARE SUPPLEMENT	25,995	16,110	62.0	11			0.0	
YES	314	P	NO	34000	.06/24/1985			.12/31/1988	MEDICARE SUPPLEMENT	5,242	3,571	68.1	2			0.0	
YES	323	P	NO	34000	.01/25/1989			.12/31/1990	MEDICARE SUPPLEMENT	64,340	51,671	80.3	18			0.0	
YES	332	P	NO	34000	.04/20/1990			.12/31/1992	MEDICARE SUPPLEMENT	46,679	21,797	46.7	16			0.0	
YES	342	C	NO	34000	.12/04/1991			.12/31/1999	MEDICARE SUPPLEMENT	13,008	7,259	55.8	3			0.0	
YES	345	F	NO	34000	.12/04/1991			.12/31/1999	MEDICARE SUPPLEMENT	142,836	67,235	47.1	39			0.0	
YES	346	G	NO	34000	.12/04/1991			.12/31/1999	MEDICARE SUPPLEMENT	19,140	32,315	168.8	8			0.0	
YES	348	I	NO	34000	.12/04/1991			.12/31/1999	MEDICARE SUPPLEMENT	5,402	2,747	50.8	1			0.0	
YES	3AD	D	NO	34000	.07/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,468	1,358	30.4	2			0.0	
YES	3AE	E	NO	34000	.11/20/2003			.05/31/2010	MEDICARE SUPPLEMENT	18,556	17,730	95.5	9			0.0	
YES	3AF	F	NO	34000	.07/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	113,266	98,364	86.8	43			0.0	
YES	3AG	G	NO	34000	.07/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,767	491	10.3	2			0.0	
YES	3AH	H	NO	34000	.05/22/2006			.05/31/2010	MEDICARE SUPPLEMENT	12,293	23,868	194.2	6	3,951	12,168	308.0	2
YES	3AJ	J	NO	34000	.09/29/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,024,627	1,599,992	79.0	742	121,790	100,890	82.8	47
YES	3AK	F	NO	34000	.07/05/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,069	13,229	325.1	9			0.0	
YES	CGI-MS-DM-AA-F-IA	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		141,064	96,553	68.4	142
YES	CGI-MS-DM-AA-G-IA	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		3,681	1,738	47.2	6
YES	CGI-MS-DM-AA-N-IA	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,872	5,254	280.6	1
YES	CSA-F	F	NO	34000	.04/21/2008			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0		8,403	18,018	214.4	4
0199999.	Total Policy Experience on Individual Policies									2,509,033	1,958,145	78.0	913	280,761	234,621	83.6	202

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.12/02/1988			.12/31/1990	MEDICARE SUPPLEMENT	16,788	28,927	172.3	5			0.0	
YES	344	E	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	6,415	13,053	203.5	3			0.0	
YES	345	F	NO	34000	.04/29/1992			.05/31/2010	MEDICARE SUPPLEMENT	3,948	629	15.9	1			0.0	
YES	346	G	NO	34000	.04/29/1992			.05/31/2010	MEDICARE SUPPLEMENT	6,466	2,155	33.3	2			0.0	
YES	CGI-MS-DM-IA-F-ID.	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		18,748	19,071	101.7	20
YES	CGI-MS--DM-IA-G-ID	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		120	-	0.0	1
0199999.	Total Policy Experience on Individual Policies									33,616	44,764	133.2	11	18,868	19,071	101.1	21

360.ID

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.IL

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	313	P	NO	34000	.11/13/1984			.12/31/1987	MEDICARE SUPPLEMENT	1,077	278	25.8				0.0	
YES	314	P	NO	34000	.05/13/1985			.12/31/1988	MEDICARE SUPPLEMENT	15,870	16,326	102.9	3			0.0	
YES	323	P	NO	34000	.01/19/1989			.12/31/1990	MEDICARE SUPPLEMENT	83,993	62,192	74.0	18			0.0	
YES	324	P	NO	34000	.01/19/1988			.12/31/1990	MEDICARE SUPPLEMENT	3,084	10,950	355.0	1			0.0	
YES	327	P	NO	34000	.02/10/1989			.12/31/1991	MEDICARE SUPPLEMENT	1,340	-	0.0				0.0	
YES	332	P	NO	34000	.03/28/1990			.12/31/1992	MEDICARE SUPPLEMENT	140,952	75,965	53.9	32			0.0	
YES	333	P	NO	34000	.04/30/1990			.12/31/1992	MEDICARE SUPPLEMENT	2,584	302	11.7	1			0.0	
YES	340	A	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	9,016	4,692	52.0	2			0.0	
YES	342	C	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	34,690	19,394	55.9	6			0.0	
YES	345	F	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	140,116	79,816	57.0	23			0.0	
YES	346	G	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	29,096	20,437	70.2	9			0.0	
YES	348	I	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,707	7,626	48.6	2			0.0	
YES	3AB	B	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	5,689	4,647	81.7	1			0.0	
YES	3AD	D	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	64,623	30,773	47.6	16			0.0	
YES	3AE	E	NO	34060	.11/24/2003			.05/31/2010	MEDICARE SUPPLEMENT	180,039	103,572	57.5	44			0.0	
YES	3AF	F	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	1,039,315	665,096	64.0	206			0.0	
YES	3AG	G	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	98,091	55,347	56.4	24			0.0	
YES	3AH	H	NO	34060	.08/11/2006			.05/31/2010	MEDICARE SUPPLEMENT	23,922	20,456	85.5	8	61,043	57,945	94.9	19
YES	3AJ	J	NO	34060	.11/08/2006			.05/31/2010	MEDICARE SUPPLEMENT	142,241	106,936	75.2	36	19,823	14,390	72.6	4
YES	3AK	F	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	18,277	250	1.4	26			0.0	
YES	8701-470 (390)	P	NO	34000	.10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT	16,899	2,679	15.9	4			0.0	
YES	8907-473 (393)	P	NO	34000	.06/26/1989			.12/31/1991	MEDICARE SUPPLEMENT	4,850	199	4.1	1			0.0	
YES	CGI-MS-DM-AA-F-IL	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		123,382	83,098	67.3	134
YES	CGI-MS-DM-AA-G-IL	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		18,636	11,282	60.5	21
YES	CGI-MS-DM-AA-N-IL	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,556	318	12.4	2
YES	CSA-F	F	NO	34060	.05/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0		35,318	22,686	64.2	16
YES	CSA-G	G	NO	34060	.05/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	2,582	751	29.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									2,074,052	1,288,683	62.1	464	260,758	189,720	72.8	196

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.IN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.02/07/1989			.12/31/1990	MEDICARE SUPPLEMENT	9,457	15,355	162.4	2			0.0	
YES	332	P	NO	34000	.05/16/1990			.12/31/1992	MEDICARE SUPPLEMENT	36,045	22,163	61.5	9			0.0	
YES	333	P	NO	34000	.04/30/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,160	999	31.6	1			0.0	
YES	340	A	NO	34000	.02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT	9,059	1,671	18.4	2			0.0	
YES	342	C	NO	34000	.02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT	42,998	35,019	81.4	8			0.0	
YES	345	F	NO	34000	.02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT	134,660	48,916	36.3	22			0.0	
YES	346	G	NO	34000	.02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT	64,994	28,419	43.7	18			0.0	
YES	348	I	NO	34000	.02/07/1992			.12/31/1999	MEDICARE SUPPLEMENT	10,384	364	3.5	1			0.0	
YES	3AB	B	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT	3,696	117	3.2	1			0.0	
YES	3AC	C	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT	9,714	8,045	82.8	2			0.0	
YES	3AD	D	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT	398,259	327,954	82.3	92			0.0	
YES	3AE	E	NO	34000	.01/26/2004			.05/31/2010	MEDICARE SUPPLEMENT	836,295	583,052	69.7	209			0.0	
YES	3AF	F	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT	294,636	182,394	61.9	55			0.0	
YES	3AG	G	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT	58,819	33,195	56.4	12			0.0	
YES	3AH	H	NO	34000	.06/14/2006			.05/31/2010	MEDICARE SUPPLEMENT	724,582	709,082	97.9	254	179,815	179,355	99.7	50
YES	3AJ	J	NO	34000	.12/05/2006			.05/31/2010	MEDICARE SUPPLEMENT	245,375	188,637	76.9	71	53,916	30,302	56.2	12
YES	3AK	F	NO	34000	.06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	13,724	30,038	218.9	28			0.0	
YES	8701-470 (390)	P	NO	34000	.10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT	19,307	20,289	105.1	7			0.0	
YES	8701-471 (391)	P	NO	34000	.10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT	7,301	15,125	207.2	2			0.0	
YES	8907-472 (392)	P	NO	34000	.06/26/1989			.12/31/1991	MEDICARE SUPPLEMENT	2,432	3,436	141.3	1			0.0	
YES	CGI-MS-DM-AA-F-IN	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		208,507	153,036	73.4	169
YES	CGI-MS-DM-AA-G-IN	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		53,851	66,106	122.8	45
YES	CGI-MS-DM-AA-N-IN	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		7,361	660	9.0	4
YES	CSA-F	F	NO	34000	.04/23/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		51,262	39,673	77.4	21
YES	CSA-G	G	NO	34000	.04/23/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		26,777	34,394	128.4	11
0199999.	Total Policy Experience on Individual Policies									2,924,896	2,254,270	77.1	797	581,488	503,528	86.6	312

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.KS

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.04/23/1982			.12/31/1988	MEDICARE SUPPLEMENT	50,990	69,720	136.7	18			0.0	
YES	314	P	NO	34000	.09/17/1985			.12/31/1988	MEDICARE SUPPLEMENT	12,817	22,424	174.9	4			0.0	
YES	323	P	NO	34000	.12/27/1988			.12/31/1990	MEDICARE SUPPLEMENT	51,840	42,983	82.9	13			0.0	
YES	332	P	NO	34000	.06/13/1990			.12/31/1992	MEDICARE SUPPLEMENT	28,335	15,746	55.6	9			0.0	
YES	340	A	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	7,856	653	8.3	1			0.0	
YES	342	C	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	159,477	52,155	32.7	28			0.0	
YES	344	E	NO	34060	.04/12/2004			.05/31/2010	MEDICARE SUPPLEMENT	456,756	292,201	64.0	140			0.0	
YES	345	F	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	427,960	247,543	57.8	101			0.0	
YES	346	G	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	1,262,693	925,378	73.3	476			0.0	
YES	348	I	NO	34060	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	54,148	62,982	116.3	10			0.0	
YES	3AC	C	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	3,687	1,896	51.4	1			0.0	
YES	CGI-MS-DM-AA-F-KS	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		186,714	138,953	74.4	157
YES	CGI-MS-DM-AA-G-KS	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		29,340	5,832	19.9	30
YES	CGI-MS-DM-AA-N-KS	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		5,168	8,785	170.0	4
YES	CSA-F	F	NO	34060	.04/16/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		6,266	7,359	117.4	3
0199999.	Total Policy Experience on Individual Policies									2,516,559	1,733,680	68.9	801	227,487	160,929	70.7	194
Group Policies																	
YES	364	I	NO	34000	.03/03/1994			.05/31/2010	MEDICARE SUPPLEMENT	2,603	538	20.7	1			0.0	
0299999.	Total Policy Experience on Group Policies									2,603	538	20.7	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

GENERAL INTERROGATORIES

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.12/22/1988			.12/31/1990	MEDICARE SUPPLEMENT	3,933	9,683	246.2	1			0.0	
YES	332	P	NO	34000	.06/14/1990			.12/31/1992	MEDICARE SUPPLEMENT	9,834	2,429	24.7	2			0.0	
YES	333	P	NO	34000	.04/30/1990			.12/31/1992	MEDICARE SUPPLEMENT	2,858	6,560	229.5				0.0	
YES	342	C	NO	34060	.02/18/1992			.12/31/1999	MEDICARE SUPPLEMENT	43,559	24,649	56.6	8			0.0	
YES	345	F	NO	34060	.02/18/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,453	16,426	143.4	2			0.0	
YES	346	G	NO	34060	.02/18/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,803	699	5.9	2			0.0	
YES	348	I	NO	34060	.02/18/1992			.12/31/1999	MEDICARE SUPPLEMENT	14,188	5,942	41.9	3			0.0	
YES	3AB	B	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	20,563	16,645	80.9	5			0.0	
YES	3AC	C	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	34,157	17,344	50.8	7			0.0	
YES	3AD	D	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	107,655	57,701	53.6	24			0.0	
YES	3AE	E	NO	34060	.01/13/2004			.05/31/2010	MEDICARE SUPPLEMENT	136,014	94,485	69.5	35			0.0	
YES	3AF	F	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	460,770	197,033	42.8	95			0.0	
YES	3AG	G	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT	32,586	31,625	97.1	7			0.0	
YES	3AH	H	NO	34060	.05/31/2006			.05/31/2010	MEDICARE SUPPLEMENT	32,619	27,059	83.0	11			0.0	
YES	3AK	F	NO	34060	.08/05/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	7,702	10,720	139.2	9			0.0	
YES	3SD	D	YES	34060	.08/30/2001			.05/31/2010	MEDICARE SELECT	286	-	0.0				0.0	
YES	CGI-MS-DM-AA-F-KY	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		189,205	113,932	60.2	199
YES	CGI-MS-DM-AA-G-KY	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		46,542	23,671	50.9	43
YES	CGI-MS-DM-AA-N-KY	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		5,804	5,050	87.0	4
0199999.	Total Policy Experience on Individual Policies									929,979	518,999	55.8	211	241,551	142,653	59.1	246

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this st...
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.11/30/1988			.12/31/1990	MEDICARE SUPPLEMENT	24,430	38,030	155.7	5			0.0	
YES	332	P	NO	34000	.05/08/1990			.12/31/1992	MEDICARE SUPPLEMENT	93,896	69,513	74.0	25			0.0	
YES	342	C	NO	34060	.07/20/1992			.12/31/1999	MEDICARE SUPPLEMENT	36,802	17,028	46.3	6			0.0	
YES	345	F	NO	34060	.07/20/1992			.12/31/1999	MEDICARE SUPPLEMENT	161,163	60,083	37.3	32			0.0	
YES	346	G	NO	34060	.07/20/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,249	2,454	16.1	4			0.0	
YES	348	I	NO	34060	.07/20/1992			.12/31/1999	MEDICARE SUPPLEMENT	33,709	2,574	7.6	3			0.0	
YES	3AB	B	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	5,784	2,170	37.5	1			0.0	
YES	3AC	C	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,367	3,300	98.0	1			0.0	
YES	3AD	D	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,038	249	6.2	1			0.0	
YES	3AF	F	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	194,398	124,967	64.3	39			0.0	
YES	3AG	G	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	12,803	7,536	58.9	3			0.0	
YES	3AK	F	NO	34060	.06/24/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	24,878	26,110	105.0	26			0.0	
YES	3SF	F	YES	34060	.11/06/2001			.05/31/2010	MEDICARE SELECT	537	-	0.0				0.0	
YES	CGI-MS-DM-AA-F-LA	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		80,851	56,486	69.9	67
YES	CGI-MS-DM-AA-G-LA	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		20,659	7,400	35.8	18
YES	CGI-MS-DM-AA-N-LA	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,338	29	1.2	2
0199999.	Total Policy Experience on Individual Policies									611,052	354,015	57.9	146	103,848	63,915	61.5	87

360.LA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Maryland

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	314	P	NO	34000	.03/02/1987			.12/31/1988	MEDICARE SUPPLEMENT	5,509	5,054	91.7	2			0.0	
YES	323	P	NO	34000	.06/29/1989			.12/31/1991	MEDICARE SUPPLEMENT	11,320	5,348	47.2	3			0.0	
YES	333	P	NO	34000	.10/08/1991			.12/31/1992	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	340	A	NO	34060	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	2,505	1,036	41.4				0.0	
YES	342	C	NO	34060	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	266,668	194,914	73.1	48			0.0	
YES	345	F	NO	34000	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	60,440	18,872	31.2	12			0.0	
YES	346	G	NO	34000	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	13,599	7,541	55.5	3			0.0	
YES	348	I	NO	34060	.05/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	31,935	13,606	42.6	4			0.0	
0199999.	Total Policy Experience on Individual Policies									391,976	246,371	62.9	72	0	0	0.0	0

360.MD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Maine

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	343(ME)	D	NO	34000	10/28/2005			05/31/2010	MEDICARE SUPPLEMENT	17,487	15,258	87.3	8			0.0	
YES	344(ME)	E	NO	34000	10/28/2005			05/31/2010	MEDICARE SUPPLEMENT	2,412	112	4.6	1			0.0	
YES	345(ME)	F	NO	34000	10/28/2005			05/31/2010	MEDICARE SUPPLEMENT	42,032	32,261	76.8	15			0.0	
YES	358(ME)	F	NO	34000	10/28/2005			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,209	432	35.7	2			0.0	
0199999.	Total Policy Experience on Individual Policies									63,140	48,062	76.1	26	0	0	0.0	0

360.ME

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	321	P	NO	34000	.09/08/1987			.01/01/1989	MEDICARE SUPPLEMENT	2,149	6,341	295.0	1			0.0	
YES	324	P	NO	34000	.12/08/1988			.12/31/1990	MEDICARE SUPPLEMENT	12,878	17,003	132.0	3			0.0	
YES	333	P	NO	34000	.04/30/1990			.12/31/1992	MEDICARE SUPPLEMENT	31,420	12,539	39.9	8			0.0	
YES	345	F	NO	34000	.03/22/1992			.12/31/1999	MEDICARE SUPPLEMENT	9,831	2,054	20.9	1			0.0	
YES	3AB	B	NO	34000	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT	-	(22)	0.0				0.0	
YES	3AC	C	NO	34060	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT	34,381	13,681	39.8	3			0.0	
YES	3AD	D	NO	34000	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT	51,700	29,041	56.2	9			0.0	
YES	3AE	E	NO	34000	.11/13/2003			.05/31/2010	MEDICARE SUPPLEMENT	552,180	317,333	57.5	120			0.0	
YES	3AF	F	NO	34000	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT	381,390	272,839	71.5	79			0.0	
YES	3AG	G	NO	34000	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT	183,681	76,693	41.8	31			0.0	
YES	3AH	H	NO	34000	.06/14/2006			.05/31/2010	MEDICARE SUPPLEMENT	143,013	101,979	71.3	38	82,783	47,437	57.3	20
YES	3AJ	J	NO	34000	.06/14/2006			.05/31/2010	MEDICARE SUPPLEMENT	118,517	69,667	58.8	29	11,942	3,895	32.6	3
YES	3AK	F	NO	34000	.06/10/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	42,311	8,366	19.8	51			0.0	
YES	CGI-MS-DM-AA-F-MI	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		64,268	62,440	97.2	57
YES	CGI-MS-DM-AA-G-MI	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		12,618	12,656	100.3	11
YES	CGI-MS-DM-AA-N-MI	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,650	2,122	80.1	3
YES	CSA-D	D	NO	34000	.11/12/2007			.05/31/2010	MEDICARE SUPPLEMENT	44,416	31,780	71.6	16	102,418	77,074	75.3	41
YES	CSA-F	F	NO	34000	.11/12/2007			.05/31/2010	MEDICARE SUPPLEMENT	516,183	380,783	73.8	209	419,778	258,345	61.5	188
YES	CSA-G	G	NO	34000	.11/12/2007			.05/31/2010	MEDICARE SUPPLEMENT	91,650	54,448	59.4	40	124,969	74,391	59.5	66
0199999.	Total Policy Experience on Individual Policies									2,215,699	1,394,524	62.9	638	821,427	538,360	65.5	389

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this st...
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Minnesota

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	312	P	NO	34000	.05/04/1983			.12/31/1987	MEDICARE SUPPLEMENT	37,729	23,815	63.1	8			0.0	
YES	316	P	NO	34000	.12/05/1985			.12/31/1988	MEDICARE SUPPLEMENT	20,040	27,125	135.4	7			0.0	
YES	323	P	NO	34000	.10/26/1988			.12/31/1990	MEDICARE SUPPLEMENT	2,786	2,340	84.0	1			0.0	
YES	326	P	NO	34000	.01/25/1989			.12/31/1989	MEDICARE SUPPLEMENT	39,801	12,662	31.8	12			0.0	
YES	329	P	NO	34000	.01/02/1990			.12/31/1992	MEDICARE SUPPLEMENT	9,381	3,846	41.0	3			0.0	
YES	331	P	NO	34000	.03/05/1990			.12/31/1993	MEDICARE SUPPLEMENT	234,255	161,302	68.9	70			0.0	
YES	351	O	NO	34060	.02/19/1993			.05/31/2010	MEDICARE SUPPLEMENT	20,344	10,852	53.3	6			0.0	
YES	352	O	NO	34060	.02/19/1993			.05/31/2010	MEDICARE SUPPLEMENT	1,011,211	666,482	65.9	311			0.0	
0199999.	Total Policy Experience on Individual Policies									1,375,548	908,424	66.0	418	0	0	0.0	0

360.MN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.05/07/1981			.12/31/1987	MEDICARE SUPPLEMENT	8,867	3,374	38.1	4			0.0	
YES	323	P	NO	34000	.12/28/1988			.12/31/1991	MEDICARE SUPPLEMENT	15,819	19,175	121.2	4			0.0	
YES	332	P	NO	34000	.04/20/1990			.12/31/1991	MEDICARE SUPPLEMENT	52,110	55,166	105.9	24			0.0	
YES	340	A	NO	34060	.03/24/1992			.05/31/2010	MEDICARE SUPPLEMENT	5,337	1,788	33.5	2			0.0	
YES	342	C	NO	34060	.03/24/1992			.05/31/2010	MEDICARE SUPPLEMENT	175,141	130,451	74.5	53			0.0	
YES	344	E	NO	34060	.05/25/2004			.05/31/2010	MEDICARE SUPPLEMENT	47,287	55,676	117.7	12			0.0	
YES	345	F	NO	34060	.03/24/1992			.05/31/2010	MEDICARE SUPPLEMENT	189,447	119,175	62.9	56			0.0	
YES	346	G	NO	34060	.03/24/1992			.05/31/2010	MEDICARE SUPPLEMENT	397,382	319,803	80.5	132			0.0	
YES	348	I	NO	34060	.03/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	14,963	10,386	69.4	3			0.0	
YES	8701-470 (390)	P	NO	34000	.12/29/1986			.12/31/1991	MEDICARE SUPPLEMENT	4,145	2,198	53.0	2			0.0	
YES	8701-471 (391)	P	NO	34000	.12/29/1986			.12/31/1991	MEDICARE SUPPLEMENT	5,322	6,799	127.8	1			0.0	
YES	CGI-MS-DM-IA-F-MO	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		58,464	53,911	92.2	60
YES	CGI-MS-DM-IA-G-MO	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		10,926	4,377	40.1	12
YES	CGI-MS-DM-IA-N-MO	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,351	216	9.2	2
YES	CSA-F	F	NO	34060	.05/05/2008			.05/31/2010	MEDICARE SUPPLEMENT	1,549	276	17.8	1	136,242	101,705	74.6	62
YES	CSA-G	G	NO	34060	.05/05/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		85,452	62,447	73.1	47
0199999.	Total Policy Experience on Individual Policies									917,368	724,266	79.0	294	293,436	222,655	75.9	183

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	12/20/1988			12/31/1990	MEDICARE SUPPLEMENT	11,167	1,148	10.3	2			0.0	
YES	341	B	NO	34060	12/02/1991			12/31/1999	MEDICARE SUPPLEMENT	4,078	2,296	56.3	1			0.0	
YES	342	C	NO	34060	12/02/1991			12/31/1999	MEDICARE SUPPLEMENT	28,922	24,200	83.7	5			0.0	
YES	343	D	NO	34060	12/02/1991			12/31/1999	MEDICARE SUPPLEMENT	2,756	1,255	45.5	1			0.0	
YES	345	F	NO	34060	12/02/1991			12/31/1999	MEDICARE SUPPLEMENT	30,628	11,092	36.2	7			0.0	
YES	348	I	NO	34060	12/02/1991			12/31/1999	MEDICARE SUPPLEMENT	6,371	36	0.6	1			0.0	
YES	3AB	B	NO	34060	05/24/1999			05/31/2010	MEDICARE SUPPLEMENT	4,319	2,922	67.7	1			0.0	
YES	3AC	C	NO	34060	05/24/1999			05/31/2010	MEDICARE SUPPLEMENT	17,762	12,529	70.5	4			0.0	
YES	3AD	D	NO	34060	05/24/1999			05/31/2010	MEDICARE SUPPLEMENT	9,309	8,344	89.6	2			0.0	
YES	3AE	E	NO	34060	12/19/2003			05/31/2010	MEDICARE SUPPLEMENT	3,207	406	12.7	1			0.0	
YES	3AF	F	NO	34060	05/24/1999			05/31/2010	MEDICARE SUPPLEMENT	179,143	109,988	61.4	36			0.0	
YES	3AH	H	NO	34060	08/25/2006			05/31/2010	MEDICARE SUPPLEMENT	8,126	7,821	96.2	3			0.0	
YES	3AK	F	NO	34060	05/24/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	775	567	73.2				0.0	
YES	CGI-MS-DM-AA-F-MS	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		89,378	58,216	65.1	87
YES	CGI-MS-DM-AA-G-MS	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		16,210	5,659	34.9	17
YES	CGI-MS-DM-AA-N-MS	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		4,911	4,988	101.6	4
0199999.	Total Policy Experience on Individual Policies									306,564	182,605	59.6	64	110,500	68,863	62.3	108

360.MS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.MT

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.02/23/1981			.12/31/1987	MEDICARE SUPPLEMENT	20,733	27,683	133.5	6			0.0	
YES	314	P	NO	34000	.06/17/1985			.12/31/1988	MEDICARE SUPPLEMENT	10,876	6,196	57.0	2			0.0	
YES	323	P	NO	34000	.11/28/1988			.12/31/1990	MEDICARE SUPPLEMENT	43,095	21,255	49.3	9			0.0	
YES	332	P	NO	34000	.07/11/1990			.12/31/1992	MEDICARE SUPPLEMENT	95,566	86,356	90.4	29			0.0	
YES	340	A	NO	34060	.08/13/1992			.05/31/2010	MEDICARE SUPPLEMENT	1,869	303	16.2	1			0.0	
YES	342	C	NO	34060	.08/13/1992			.05/31/2010	MEDICARE SUPPLEMENT	3,379	633	18.7	1			0.0	
YES	345	F	NO	34060	.08/13/1992			.05/31/2010	MEDICARE SUPPLEMENT	74,913	29,861	39.9	26			0.0	
YES	346	G	NO	34060	.08/13/1992			.05/31/2010	MEDICARE SUPPLEMENT	20,687	8,385	40.5	9			0.0	
YES	3AC	C	NO	34000	.03/17/2000			.05/31/2010	MEDICARE SUPPLEMENT	7,395	1,372	18.6	2			0.0	
YES	3AD	D	NO	34000	.03/17/2000			.05/31/2010	MEDICARE SUPPLEMENT	6,491	3,216	49.5	2			0.0	
YES	3AE	E	NO	34000	.07/27/2004			.05/31/2010	MEDICARE SUPPLEMENT	1,942	3,128	161.1				0.0	
YES	3AF	F	NO	34000	.03/17/2000			.05/31/2010	MEDICARE SUPPLEMENT	432,377	253,706	58.7	130			0.0	
YES	3AG	G	NO	34000	.03/17/2000			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	3AK	F	NO	34000	.03/17/2000			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	8,717	-	0.0	16			0.0	
YES	CGI-MS-DM-AA-F-MT	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		16,465	8,536	51.8	21
YES	CGI-MS-DM-AA-G-MT	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,156	5,685	263.6	1
0199999.	Total Policy Experience on Individual Policies									728,041	442,096	60.7	233	18,622	14,221	76.4	22

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.01/20/1989			.12/31/1990	MEDICARE SUPPLEMENT	29,944	30,156	100.7	9			0.0	
YES	324	P	NO	34000	.01/20/1989			.12/31/1990	MEDICARE SUPPLEMENT	8,677	2,391	27.6	3			0.0	
YES	333	P	NO	34000	.07/09/1990			.12/31/1992	MEDICARE SUPPLEMENT	17,953	13,371	74.5	6			0.0	
YES	340	A	NO	34060	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	8,944	891	10.0	2			0.0	
YES	342	C	NO	34060	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	5,084	2,442	48.0	1			0.0	
YES	345	F	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	106,796	61,715	57.8	25			0.0	
YES	346	G	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	11,400	3,470	30.4	3			0.0	
YES	348	I	NO	34000	.01/09/1992			.12/31/1999	MEDICARE SUPPLEMENT	(11,653)	(292)	2.5	1			0.0	
YES	3AB	B	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	7,533	278	3.7	2			0.0	
YES	3AD	D	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	8,439	8,538	101.2	3			0.0	
YES	3AE	E	NO	34000	.03/01/2004			.05/31/2010	MEDICARE SUPPLEMENT	35,123	38,908	110.8	9			0.0	
YES	3AF	F	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	35,295	32,370	91.7	5			0.0	
YES	3AG	G	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	16,973	36,053	212.4	4			0.0	
YES	3AH	H	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	17,465	7,446	42.6	6			0.0	
YES	3AJ	J	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	100,024	54,182	54.2	20			0.0	
YES	3AK	F	NO	34000	.10/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,958	-	0.0	4			0.0	
YES	8701-470 (390)	P	NO	34000	.11/12/1986			.12/31/1991	MEDICARE SUPPLEMENT	9,041	12,534	138.6	3			0.0	
YES	8907-472 (392)	P	NO	34000	.07/11/1989			.12/31/1991	MEDICARE SUPPLEMENT	2,061	194	9.4	1			0.0	
YES	8907-473 (393)	P	NO	34000	.07/11/1989			.12/31/1991	MEDICARE SUPPLEMENT	2,480	1,027	41.4	1			0.0	
YES	CGI-MS-DM-AA-F-NC	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	-	-	0.0		274,729	194,252	70.7	258
YES	CGI-MS-DM-AA-G-NC	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	-	-	0.0		53,907	26,913	49.9	48
YES	CGI-MS-DM-AA-N-NC	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	-	-	0.0		6,685	6,229	93.2	4
0199999.	Total Policy Experience on Individual Policies									414,538	305,672	73.7	108	335,320	227,394	67.8	310

360.NC

GENERAL INTERROGATORIES

NONE

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this State.

GENERAL INTERROGATORIES

2.1 Address.....
2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.01/28/1981			.12/31/1987	MEDICARE SUPPLEMENT	3,033	13,293	438.2	1			0.0	
YES	323	P	NO	34000	.02/14/1988			.12/31/1991	MEDICARE SUPPLEMENT	12,676	7,748	61.1	3			0.0	
YES	333	P	NO	34000	.12/20/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,677	1,629	44.3	1			0.0	
YES	342	C	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,909	486	5.5	2			0.0	
YES	345	F	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	44,322	70,567	159.2	10			0.0	
YES	346	G	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,266	5,017	153.6	1			0.0	
YES	3AB	B	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	14,984	8,951	59.7	5			0.0	
YES	3AC	C	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,419	481	10.9				0.0	
YES	3AD	D	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	3AE	E	NO	34000	.12/01/2003			.05/31/2010	MEDICARE SUPPLEMENT	52,830	39,510	74.8	19			0.0	
YES	3AF	F	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	138,521	60,186	43.4	46			0.0	
YES	3AG	G	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	17,936	13,451	75.0	8			0.0	
YES	3AJ	J	NO	34000	.09/05/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,430	208	8.6	1			0.0	
YES	CGI-MS-DM-AA-F-ND	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		11,066	5,590	50.5	14
0199999.	Total Policy Experience on Individual Policies									307,005	221,526	72.2	97	11,066	5,590	50.5	14

360.ND

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.NE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	308	P	NO	34000	.03/01/1979			.12/31/1981	MEDICARE SUPPLEMENT	12,967	2,864	22.1	4			0.0	
YES	309	P	NO	34000	.12/31/1980			.12/31/1987	MEDICARE SUPPLEMENT	46,410	23,398	50.4	14			0.0	
YES	314	P	NO	34000	.04/16/1985			.12/31/1988	MEDICARE SUPPLEMENT	29,945	33,466	111.8	11			0.0	
YES	323	P	NO	34000	.10/26/1988			.12/31/1990	MEDICARE SUPPLEMENT	182,396	106,746	58.5	50			0.0	
YES	332	P	NO	34000	.03/13/1990			.12/31/1991	MEDICARE SUPPLEMENT	136,032	80,122	58.9	39			0.0	
YES	340	A	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	12,605	1,157	9.2	3			0.0	
YES	342	C	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	140,159	52,523	37.5	27			0.0	
YES	343	D	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	3,078	-	0.0	1			0.0	
YES	345	F	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	984,419	474,579	48.2	218			0.0	
YES	346	G	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	51,193	26,443	51.7	16			0.0	
YES	348	I	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	29,870	7,253	24.3	3			0.0	
YES	3AC	C	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	10,767	6,677	62.0	2			0.0	
YES	3AD	D	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	22,465	12,994	57.8	6			0.0	
YES	3AE	E	NO	34000	.10/01/2003			.05/31/2010	MEDICARE SUPPLEMENT	71,374	51,487	72.1	24			0.0	
YES	3AF	F	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	1,566,338	1,097,471	70.1	469			0.0	
YES	3AG	G	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	32,548	10,000	30.7	11			0.0	
YES	3AH	H	NO	34000	.05/16/2006			.05/31/2010	MEDICARE SUPPLEMENT	62,625	45,296	72.3	24	50,174	51,773	103.2	20
YES	3AJ	J	NO	34000	.09/25/2006			.05/31/2010	MEDICARE SUPPLEMENT	738,683	525,213	71.1	252	79,069	50,028	63.3	24
YES	3AK	F	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	48,915	59,551	121.7	77			0.0	
YES	CGI-MS-DM-AA-F-NE	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		83,986	90,734	108.0	82
YES	CGI-MS-DM-AA-G-NE	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		16,391	9,340	57.0	15
YES	CGI-MS-DM-AA-N-NE	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		3,391	70	2.1	3
YES	CSA-F	F	NO	34000	.04/21/2008			.05/31/2010	MEDICARE SUPPLEMENT	1,663	3,387	203.7		12,810	11,920	93.0	7
0199999.	Total Policy Experience on Individual Policies									4,184,454	2,620,627	62.6	1,251	245,821	213,864	87.0	151
Group Policies																	
YES	362	C	NO	34000	.02/10/1994			.05/31/2010	MEDICARE SUPPLEMENT	9,329	13,537	145.1	3			0.0	
0299999.	Total Policy Experience on Group Policies									9,329	13,537	145.1	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	CGI-MS-DM-IA-F-NH	F.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	44,505	24,449	.....54.9	23
.....YES.....	CGI-MS-DM-IA-G-NH	G.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	2,092	4,954	.....236.8	1
.....YES.....	CGI-MS-DM-IA-N-NH	N.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	1,879	324	.....17.2	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	48,476	29,727	.....61.3	25

360.NH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....New Mexico

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.01/19/1981			.12/31/1987	MEDICARE SUPPLEMENT	3,966	658	16.6	1			0.0	
YES	324	P	NO	34000	.01/19/1988			.12/31/1990	MEDICARE SUPPLEMENT	12,264	1,714	14.0	3			0.0	
YES	333	P	NO	34000	.06/29/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,860	1,561	40.4	1			0.0	
YES	340	A	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,475	753	21.7				0.0	
YES	342	C	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,855	1,657	34.1	1			0.0	
YES	345	F	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,583	1,029	12.0	2			0.0	
YES	346	G	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,932	6,814	57.1	3			0.0	
YES	3AF	F	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	16,624	8,084	48.6	5			0.0	
YES	3AG	G	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,663	4,326	118.1	1			0.0	
YES	3AH	H	NO	34000	.05/03/2006			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0		3,052	590	19.3	1
YES	3AJ	J	NO	34000	.09/21/2006			.05/31/2010	MEDICARE SUPPLEMENT	13,218	5,900	44.6	3			0.0	
YES	3AK	F	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,679	-	0.0	3			0.0	
YES	CGI-MS-DM-AA-A-NM	A	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		-		0.0	
YES	CGI-MS-DM-AA-F-NM	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		15,812	8,219	52.0	18
YES	CGI-MS-DM-AA-G-NM	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,393	11	0.8	2
0199999.	Total Policy Experience on Individual Policies									84,120	32,495	38.6	23	20,258	8,849	43.7	21

360.NM

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.03/11/1981			.12/31/1987	MEDICARE SUPPLEMENT	3,016	1,465	48.6	1			0.0	
YES	323	P	NO	34000	.12/09/1988			.12/31/1990	MEDICARE SUPPLEMENT	45,705	21,789	47.7	12			0.0	
YES	332	P	NO	34000	.08/10/1990			.12/31/1991	MEDICARE SUPPLEMENT	22,572	8,330	36.9	6			0.0	
YES	342	C	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	250	-	0.0				0.0	
YES	345	F	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,364	6,726	154.2	1			0.0	
YES	346	G	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,466	994	22.3	1			0.0	
YES	348	I	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,242	2,949	19.3	2			0.0	
YES	3AF	F	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	14,656	4,723	32.2	4			0.0	
YES	3AG	G	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	15,160	8,059	53.2	3			0.0	
YES	3AJ	J	NO	34000	.10/06/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,933	422	14.4	1			0.0	
YES	3AK	F	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,898	7,340	386.8	3			0.0	
0199999.	Total Policy Experience on Individual Policies									130,263	62,798	48.2	34	0	0	0.0	0

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	314	P	NO	34000	.04/22/1985			.12/31/1988	MEDICARE SUPPLEMENT	1,421	635	44.6				0.0	
YES	323	P	NO	34000	.12/09/1988			.12/31/1990	MEDICARE SUPPLEMENT	23,093	10,730	46.5	6			0.0	
YES	332	P	NO	34000	.03/27/1990			.12/31/1991	MEDICARE SUPPLEMENT	21,399	20,632	96.4	5			0.0	
YES	333	P	NO	34000	.10/24/1990			.12/31/1992	MEDICARE SUPPLEMENT	71,519	63,023	88.1	21			0.0	
YES	340	A	NO	34000	.01/10/1992			.12/31/1999	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	342	C	NO	34000	.01/10/1992			.12/31/1999	MEDICARE SUPPLEMENT	94,834	63,478	66.9	27			0.0	
YES	345	F	NO	34000	.01/10/1992			.12/31/1999	MEDICARE SUPPLEMENT	109,166	36,759	33.7	22			0.0	
YES	346	G	NO	34000	.01/10/1992			.12/31/1999	MEDICARE SUPPLEMENT	41,468	13,919	33.6	11			0.0	
YES	348	I	NO	34000	.01/10/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,710	208	4.4	1			0.0	
YES	3AB	B	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,769	4,115	148.6	1			0.0	
YES	3AC	C	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT	158,470	134,230	84.7	61			0.0	
YES	3AD	D	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT	301,077	184,092	61.1	84			0.0	
YES	3AE	E	NO	34000	.01/24/2004			.05/31/2010	MEDICARE SUPPLEMENT	1,358,891	882,295	64.9	300			0.0	
YES	3AF	F	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT	349,466	277,959	79.5	88			0.0	
YES	3AG	G	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT	189,410	110,199	58.2	44			0.0	
YES	3AH	H	NO	34000	.05/01/2006			.05/31/2010	MEDICARE SUPPLEMENT	1,212,964	963,730	79.5	384	137,413	146,340	106.5	40
YES	3AJ	J	NO	34000	.09/20/2006			.05/31/2010	MEDICARE SUPPLEMENT	183,610	103,350	56.3	51	12,338	2,740	22.2	4
YES	3AK	F	NO	34000	.08/16/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	68,138	36,921	54.2	99			0.0	
YES	3SB	B	YES	34000	.09/19/2001			.05/31/2010	MEDICARE SELECT	3,216	925	28.8	1			0.0	
YES	3SC	C	YES	34000	.09/19/2001			.05/31/2010	MEDICARE SELECT	2,587	2,237	86.5	1			0.0	
YES	3SD	D	YES	34000	.09/19/2001			.05/31/2010	MEDICARE SELECT	8,785	2,483	28.3	2			0.0	
YES	8701-470 (390)	P	NO	34000	.07/16/1986			.12/31/1991	MEDICARE SUPPLEMENT	38,054	49,105	129.0	11			0.0	
YES	8701-471 (391)	P	NO	34000	.07/16/1986			.12/31/1991	MEDICARE SUPPLEMENT	4,590	2,820	61.4	1			0.0	
YES	8907-472 (392)	P	NO	34000	.02/22/1989			.12/31/1991	MEDICARE SUPPLEMENT	3,485	2,304	66.1	1			0.0	
YES	8907-473 (393)	P	NO	34000	.02/22/1989			.12/31/1991	MEDICARE SUPPLEMENT	3,926	473	12.1	1			0.0	
YES	CGI-MS-DM-AA-C-OH	C	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		633	13,679	2,160.6	
YES	CGI-MS-DM-AA-F-OH	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		160,459	130,873	81.6	133

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	CGI-MS-DM-AA-G-OH	G.....	.....NO.....	....204000.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	79,254	60,141	.....75.9	58
.....YES.....	CGI-MS-DM-AA-N-OH	N.....	.....NO.....	....204000.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	3,903	121	.....3.1	4
.....YES.....	CSA-C	C.....	.....NO.....	....34000.....	.04/18/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	6,152	3,914	.....63.6	3
.....YES.....	CSA-G	G.....	.....NO.....	....34000.....	.04/18/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	81,070	50,267	.....62.0	41
0199999.	Total Policy Experience on Individual Policies.....									4,257,048	2,966,621	.....69.7	1,223	481,223	408,073	.....84.8	283

360.OH.1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.02/04/1981			.12/31/1987	MEDICARE SUPPLEMENT	3,875	1,654	42.7	1			0.0	
YES	323	P	NO	34000	.01/06/1989			.12/31/1990	MEDICARE SUPPLEMENT	13,591	1,623	11.9	3			0.0	
YES	332	P	NO	34000	.04/05/1990			.12/31/1991	MEDICARE SUPPLEMENT	19,246	7,777	40.4	4			0.0	
YES	340	A	NO	34060	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,327	608	7.3	2			0.0	
YES	342	C	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	30,179	6,541	21.7	6			0.0	
YES	345	F	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	108,121	57,442	53.1	23			0.0	
YES	346	G	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	19,785	10,825	54.7	4			0.0	
YES	348	I	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	22,447	16,507	73.5	2			0.0	
YES	3AA	A	NO	34060	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	8,924	15,563	174.4	1			0.0	
YES	3AB	B	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	622	1,308	210.4				0.0	
YES	3AC	C	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,779	1,700	45.0	1			0.0	
YES	3AD	D	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	21,577	14,056	65.1	6			0.0	
YES	3AE	E	NO	34000	.01/16/2004			.05/31/2010	MEDICARE SUPPLEMENT	43,251	14,294	33.0	14			0.0	
YES	3AF	F	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	145,648	72,307	49.6	36			0.0	
YES	3AG	G	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT	30,072	4,581	15.2	8			0.0	
YES	3AH	H	NO	34000	.04/19/2006			.05/31/2010	MEDICARE SUPPLEMENT	59,034	61,017	103.4	19	4,334	447	10.3	2
YES	3AJ	J	NO	34000	.09/07/2006			.05/31/2010	MEDICARE SUPPLEMENT	59,733	48,187	80.7	20	6,257	5,742	91.8	2
YES	3AK	F	NO	34000	.09/29/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,728	701	25.7	4			0.0	
YES	CGI-MS-DM-AA-A-OK	A	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		136	-	0.0	1
YES	CGI-MS-DM-AA-F-OK	F	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		76,822	38,758	50.5	73
YES	CGI-MS-DM-AA-G-OK	G	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		6,565	2,066	31.5	15
YES	CGI-MS-DM-AA-N-OK	N	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,707	2,326	136.2	1
0199999.	Total Policy Experience on Individual Policies									600,938	336,693	56.0	154	95,822	49,338	51.5	94

360.OK

GENERAL INTERROGATORIES

NONE

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this State.

GENERAL INTERROGATORIES

2.1 Address.....
2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.01/03/1989			.12/31/1990	MEDICARE SUPPLEMENT	12,990	13,853	106.6	4			0.0	
YES	332	P	NO	34000	.06/29/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,416	432	12.7	1			0.0	
YES	345	F	NO	34060	.06/19/1992			.05/31/2010	MEDICARE SUPPLEMENT	9,308	694	7.5	3			0.0	
YES	CGI-MS-DM-AA-F-OR	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		52,269	36,442	69.7	66
YES	CGI-MS-DM-AA-G-OR	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		5,729	6,166	107.6	10
0199999.	Total Policy Experience on Individual Policies									25,714	14,980	58.3	8	57,998	42,608	73.5	76

360.OR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

7 1 4 0 4 2 0 1 1 3 6 0 3 9 1 0 0 *

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.05/23/1989			.12/31/1990	MEDICARE SUPPLEMENT	6,558	7,003	106.8	3			0.0	
YES	334	P	NO	34000	.05/23/1991			.12/31/1992	MEDICARE SUPPLEMENT	16,998	33,010	194.2	13			0.0	
YES	341	B	NO	34060	.03/23/1993			.12/31/2000	MEDICARE SUPPLEMENT	19,386	6,415	33.1	5			0.0	
YES	342	C	NO	34060	.03/23/1993			.12/31/2000	MEDICARE SUPPLEMENT	27,145	28,039	103.3	5			0.0	
YES	345	F	NO	34060	.03/23/1993			.12/31/2000	MEDICARE SUPPLEMENT	3,351	1,711	51.0	1			0.0	
YES	347	H	NO	34060	.03/23/1993			.05/31/2010	MEDICARE SUPPLEMENT	54	-	0.0	1			0.0	
YES	3AA	A	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	3AB	B	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	243,192	104,142	42.8	65			0.0	
YES	3AC	C	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	1,034,884	521,933	50.4	203			0.0	
YES	3AD	D	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	1,879,478	1,147,183	61.0	448	3,700	1,168	31.6	1
YES	3AE	E	NO	34060	.05/18/2004			.05/31/2010	MEDICARE SUPPLEMENT	103,422	41,148	39.8	27			0.0	
YES	3AF	F	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	462,823	329,179	71.1	112			0.0	
YES	3AG	G	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT	89,839	71,441	79.5	24			0.0	
YES	3AH	H	NO	34000	.12/23/2005			.05/31/2010	MEDICARE SUPPLEMENT	4,379	455	10.4				0.0	
YES	3AK	F	NO	34060	.06/07/2000			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	42,054	29,932	71.2	50			0.0	
YES	8701-470 (390)	P	NO	34000	.03/10/1987			.12/31/1991	MEDICARE SUPPLEMENT	8,203	9,743	118.8	4			0.0	
YES	CGI-MS-DM-AA-F-PA	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		30,924	14,300	46.2	20
YES	CGI-MS-DM-AA-G-PA	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		9,337	887	9.5	11
YES	CGI-MS-DM-AA-N-PA	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,955	247	12.6	1
YES	CSA-D	D	NO	34060	.06/30/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		27,685	16,770	60.6	16
YES	CSA-F	F	NO	34060	.06/30/2008			.05/31/2010	MEDICARE SUPPLEMENT	10,266	10,058	98.0	4	430,084	271,891	63.2	185
YES	CSA-G	G	NO	34060	.06/30/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		44,594	30,560	68.5	18
0199999.	Total Policy Experience on Individual Policies									3,952,033	2,341,391	59.2	965	548,279	335,822	61.3	252

360.PA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this State.

NONE

GENERAL INTERROGATORIES

2.1 Address.....
2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Rhode Island

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	342.....	C.....	.....NO.....	....34000.....	.01/27/1994	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	26	308	.....1,193.7	.....	.....	.....	.....0.0	.....
.....YES.....	3AF.....	F.....	.....NO.....	....34000.....	.09/30/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,924	713	.....24.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,950	1,022	.....34.6	1	0	0	.....0.0	0

360.RI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	345	F	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	13,724	3,597	26.2	3			0.0	
YES	346	G	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	7,660	2,964	38.7	2			0.0	
YES	348	I	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	4,284	338	7.9	1			0.0	
YES	3AB	B	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	9,677	294	3.0	2			0.0	
YES	3AC	C	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	30,839	33,658	109.1	6			0.0	
YES	3AD	D	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	40,191	17,602	43.8	9			0.0	
YES	3AE	E	NO	34000	12/01/2003			05/31/2010	MEDICARE SUPPLEMENT	74,233	45,033	60.7	21			0.0	
YES	3AF	F	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	364,893	161,859	44.4	78			0.0	
YES	3AG	G	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	70,475	32,949	46.8	16			0.0	
YES	3AJ	J	NO	34000	09/26/2006			05/31/2010	MEDICARE SUPPLEMENT	7,127	2,905	40.8	2			0.0	
YES	3AK	F	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	11,543	185	1.6	15			0.0	
YES	CGI-MS-DM-AA-F-SC	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		154,606	105,705	68.4	152
YES	CGI-MS-DM-AA-G-SC	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		37,269	13,113	35.2	36
YES	CGI-MS-DM-AA-N-SC	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		1,798	627	34.9	2
0199999.	Total Policy Experience on Individual Policies									634,648	301,383	47.5	155	193,673	119,445	61.7	190

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.SD

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.01/20/1981			.12/31/1987	MEDICARE SUPPLEMENT	23,802	10,060	42.3	8			0.0	
YES	314	P	NO	34000	.06/14/1985			.12/31/1988	MEDICARE SUPPLEMENT	2,349	523	22.3	1			0.0	
YES	323	P	NO	34000	.01/25/1989			.12/31/1990	MEDICARE SUPPLEMENT	44,951	29,328	65.2	9			0.0	
YES	332	P	NO	34000	.05/02/1990			.12/31/1992	MEDICARE SUPPLEMENT	42,923	19,939	46.5	11			0.0	
YES	342	C	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,254	567	5.0	2			0.0	
YES	345	F	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	76,965	36,904	47.9	15			0.0	
YES	346	G	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	12,237	5,395	44.1	5			0.0	
YES	3AC	C	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	14,689	4,815	32.8	4			0.0	
YES	3AD	D	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,351	5,616	238.9				0.0	
YES	3AF	F	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	214,543	151,261	70.5	64			0.0	
YES	3AG	G	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	12,256	7,922	64.6	4			0.0	
YES	3AH	H	NO	34060	.04/06/2006			.05/31/2010	MEDICARE SUPPLEMENT	4,376	3,588	82.0	2			0.0	
YES	3AJ	J	NO	34060	.08/25/2006			.05/31/2010	MEDICARE SUPPLEMENT	14,136	4,094	29.0	5	9,746	7,252	74.4	4
YES	3AK	F	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	7,335	1,016	13.9	14			0.0	
YES	CGI-MS-DM-AA-F-SD	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		20,793	24,286	116.8	20
YES	CGI-MS-DM-AA-G-SD	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		243	29	11.9	1
0199999.	Total Policy Experience on Individual Policies									484,167	281,029	58.0	144	30,782	31,567	102.5	25

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.TN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.12/07/1988			.12/31/1990	MEDICARE SUPPLEMENT	7,245	7,529	103.9	2			0.0	
YES	332	P	NO	34000	.08/29/1990			.12/31/1991	MEDICARE SUPPLEMENT	13,518	4,959	36.7	4			0.0	
YES	340	A	NO	34000	.03/23/1992			.12/31/1999	MEDICARE SUPPLEMENT	1,648	114	6.9				0.0	
YES	342	C	NO	34000	.03/23/1992			.12/31/1999	MEDICARE SUPPLEMENT	30,962	11,034	35.6	8			0.0	
YES	345	F	NO	34000	.03/23/1992			.12/31/1999	MEDICARE SUPPLEMENT	60,703	25,019	41.2	15			0.0	
YES	346	G	NO	34000	.03/23/1992			.12/31/1999	MEDICARE SUPPLEMENT	7,403	25,996	351.2	2			0.0	
YES	3AB	B	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT	9,081	7,429	81.8	1			0.0	
YES	3AC	C	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT	24,440	13,543	55.4	5			0.0	
YES	3AD	D	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT	73,478	24,120	32.8	15			0.0	
YES	3AE	E	NO	34000	.01/23/2004			.05/31/2010	MEDICARE SUPPLEMENT	28,704	19,816	69.0	5			0.0	
YES	3AF	F	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT	224,230	89,485	39.9	43			0.0	
YES	3AG	G	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT	24,023	1,814	7.6	5			0.0	
YES	3AH	H	NO	34000	.07/14/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,747	1,990	72.4	1			0.0	
YES	3AJ	J	NO	34000	.07/14/2006			.05/31/2010	MEDICARE SUPPLEMENT	10,211	4,594	45.0	3			0.0	
YES	3AK	F	NO	34000	.07/28/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	8,001	4,158	52.0	9			0.0	
YES	CGI-MS-DM-AA-F-TN	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		129,400	84,319	65.2	109
YES	CGI-MS-DM-AA-G-TN	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		11,220	6,260	55.8	11
YES	CGI-MS-DM-AA-N-TN	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,830	667	36.5	3
0199999.	Total Policy Experience on Individual Policies									526,394	241,600	45.9	118	142,450	91,247	64.1	123

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

360.TX

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.02/09/1989			.12/31/1990	MEDICARE SUPPLEMENT	46,297	48,207	104.1	10			0.0	
YES	328	P	NO	34000	.08/16/1990			.12/31/1992	MEDICARE SUPPLEMENT	2,115	1,775	83.9	2			0.0	
YES	332	P	NO	34000	.08/16/1990			.12/31/1991	MEDICARE SUPPLEMENT	91,345	37,653	41.2	23			0.0	
YES	340	A	NO	34060	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	21,701	5,814	26.8	4			0.0	
YES	342	C	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	40,916	11,067	27.0	6			0.0	
YES	345	F	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	231,985	152,037	65.5	43			0.0	
YES	346	G	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	154,288	108,172	70.1	40			0.0	
YES	348	I	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	64,114	23,415	36.5	5			0.0	
YES	3AA	A	NO	34060	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	46,068	88,266	191.6	5			0.0	
YES	3AB	B	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	92,887	28,079	30.2	18			0.0	
YES	3AC	C	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	304,437	139,919	46.0	56			0.0	
YES	3AD	D	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	330,332	162,125	49.1	59			0.0	
YES	3AE	E	NO	34000	.12/12/2003			.05/31/2010	MEDICARE SUPPLEMENT	669,161	427,382	63.9	151			0.0	
YES	3AF	F	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,285,559	1,908,609	58.1	702			0.0	
YES	3AG	G	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	465,121	253,496	54.5	93			0.0	
YES	3AH	H	NO	34000	.06/15/2006			.05/31/2010	MEDICARE SUPPLEMENT	672,771	481,494	71.6	226			0.0	
YES	3AJ	J	NO	34000	.10/10/2006			.05/31/2010	MEDICARE SUPPLEMENT	316,210	228,588	72.3	84			0.0	
YES	3AK	F	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	232,870	153,007	65.7	280			0.0	
YES	3SB	B	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	3,362	723	21.5	1			0.0	
YES	3SD	D	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	13,569	4,078	30.1	4			0.0	
YES	3SF	F	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	14,058	9,537	67.8	4			0.0	
YES	3SG	G	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	6,976	5,382	77.1	2			0.0	
YES	8701-470 (390)	P	NO	34000	.12/30/1986			.12/31/1991	MEDICARE SUPPLEMENT	3,213	3,111	96.8	1			0.0	
YES	CGI-MS-DM-AA-A-TX	A	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		905	617	68.2	1
YES	CGI-MS-DM-AA-F-TX	F	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		451,553	332,537	73.6	375
YES	CGI-MS-DM-AA-G-TX	G	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		95,284	72,310	75.9	78
YES	CGI-MS-DM-AA-N-TX	N	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		13,747	11,268	82.0	13
YES	CSA-A	A	NO	34060	.05/23/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		24	-	0.0	

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	CSA-D	D.....	.....NO.....	....34000.....	.05/23/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,256	22	.....1.7	1	9,926	12,940	.....130.4	5
.....YES.....	CSA-F	F.....	.....NO.....	....34000.....	.05/23/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	52,330	20,054	.....38.3	24
.....YES.....	CSA-G	G.....	.....NO.....	....34000.....	.05/23/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,321	275	.....6.4	2	26,249	6,908	.....26.3	13
.....YES.....	CSA-J	J.....	.....NO.....	....34000.....	.05/23/2008	.....	.....	.09/01/2009	MEDICARE SUPPLEMENT.....	128,752	73,784	.....57.3	60	371,965	309,685	.....83.3	164
0199999.	Total Policy Experience on Individual Policies.....									7,243,683	4,356,018	.....60.1	1,882	1,021,984	766,319	.....75.0	673

360.TX.1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	.02/19/1981			.12/31/1987	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	345	F	NO	34000	.04/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	2,904	1,080	37.2	1			0.0	
YES	348	I	NO	34000	.04/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,357	3,379	77.6	1			0.0	
YES	3AE	E	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	12,974	3,885	29.9	4			0.0	
YES	3AF	F	NO	34000	.05/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	7,024	6,882	98.0	2			0.0	
YES	3AG	G	NO	34000	.05/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,374	2,167	91.3	1			0.0	
YES	3AH	H	NO	34000	.06/02/2006			.05/31/2010	MEDICARE SUPPLEMENT	7,694	3,325	43.2	3			0.0	
YES	3AJ	J	NO	34000	.09/18/2006			.05/31/2010	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	CGI-MS-DM-AA-F-UT	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		11,432	5,115	44.7	14
YES	CGI-MS-DM-AA-G-UT	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,068	398	19.3	3
0199999.	Total Policy Experience on Individual Policies									37,327	20,718	55.5	12	13,500	5,513	40.8	17

360.UT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	317	P	NO	34000	.10/07/1985			.12/31/1988	MEDICARE SUPPLEMENT	6,772	4,140	61.1	1			0.0	
YES	323	P	NO	34000	.02/27/1989			.12/31/1990	MEDICARE SUPPLEMENT	8,703	5,682	65.3	3			0.0	
YES	333	P	NO	34000	.07/25/1991			.12/31/1992	MEDICARE SUPPLEMENT	2,837	3,629	127.9	1			0.0	
YES	342	C	NO	34000	.07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	9,444	279	2.9	1			0.0	
YES	345	F	NO	34000	.07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,058	2,348	15.6	4			0.0	
YES	346	G	NO	34000	.07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,080	17,631	432.1	1			0.0	
YES	348	I	NO	34000	.07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,660	2,122	45.5	1			0.0	
YES	3AB	B	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT	21,233	3,209	15.1	6			0.0	
YES	3AC	C	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT	8,170	4,392	53.8	2			0.0	
YES	3AD	D	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT	808,320	582,943	72.1	235			0.0	
YES	3AE	E	NO	34000	.06/02/2004			.05/31/2010	MEDICARE SUPPLEMENT	293,630	241,523	82.3	113			0.0	
YES	3AF	F	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT	1,764,278	1,184,082	67.1	453			0.0	
YES	3AG	G	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT	194,348	148,795	76.6	60			0.0	
YES	3AK	F	NO	34000	.09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,834	22	0.6	14			0.0	
YES	CGI-MS-DM-AA-F-VA	F	NO	204000	.08/27/2010				MEDICARE SUPPLEMENT			0.0		107,312	56,632	52.8	82
YES	CGI-MS-DM-AA-G-VA	G	NO	204000	.08/27/2010				MEDICARE SUPPLEMENT			0.0		17,445	5,163	29.6	13
YES	CGI-MS-DM-AA-N-VA	N	NO	204000	.08/27/2010				MEDICARE SUPPLEMENT			0.0		782	-	0.0	
YES	CSA-F	F	NO	34000	.11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		305,145	217,623	71.3	135
YES	CSA-G	G	NO	34000	.11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT			0.0		80,165	49,057	61.2	42
0199999.	Total Policy Experience on Individual Policies									3,145,366	2,200,797	70.0	895	510,849	328,475	64.3	272

360.VA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this st...
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....U.S. Virgin Islands

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	323.....	P.....	.....NO.....	....34000.....	.11/30/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	5,720	1,155	.....20.2	2	.....	.....	.....0.0	.....
.....YES.....	345.....	F.....	.....NO.....	....34000.....	.06/03/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	3,428	1,048	.....30.6	1	.....	.....	.....0.0	.....
.....YES.....	3AF.....	F.....	.....NO.....	....34000.....	.06/11/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,215	-	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									12,362	2,203	.....17.8	4	0	0	.....0.0	0

360.VI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	307	P	NO	34000	09/09/1977			12/31/1980	MEDICARE SUPPLEMENT	738	-	0.0	1			0.0	
YES	308	P	NO	34000	05/22/1979			12/31/1981	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	309	P	NO	34000	05/18/1981			12/31/1987	MEDICARE SUPPLEMENT	5,190	6,954	134.0	3			0.0	
YES	314	P	NO	34000	07/09/1985			12/31/1988	MEDICARE SUPPLEMENT	-	-	0.0				0.0	
YES	323	P	NO	34000	10/26/1988			12/31/1990	MEDICARE SUPPLEMENT	3,022	2,287	75.7	1			0.0	
YES	324	P	NO	34000	01/23/1989			12/31/1992	MEDICARE SUPPLEMENT	95,268	89,272	93.7	43			0.0	
YES	340	A	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	5,335	509	9.5	1			0.0	
YES	342	C	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	29,255	12,038	41.1	6			0.0	
YES	345	F	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	241,704	106,561	44.1	65			0.0	
YES	346	G	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	440,875	297,541	67.5	131			0.0	
YES	347	H	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	2,982	3,275	109.8	5	2,983	2,325	77.9	1
YES	348	I	NO	34060	06/26/1992			06/24/2008	MEDICARE SUPPLEMENT	4,005	4,460	111.3	1			0.0	
YES	349	J	NO	34060	06/26/1992			06/24/2008	MEDICARE SUPPLEMENT	23,574	5,552	23.6	6			0.0	
YES	3AH	H	NO	34000				05/31/2010	MEDICARE SUPPLEMENT	14,472	12,509	86.4				0.0	
0199999.	Total Policy Experience on Individual Policies									866,418	540,959	62.4	263	2,983	2,325	77.9	1

360.WA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	327	P	NO	34000	.02/10/1989			.12/31/1991	MEDICARE SUPPLEMENT	70,296	71,388	101.6	11			0.0	
YES	350	O	NO	34060	.02/13/1992			.09/01/1994	MEDICARE SUPPLEMENT	79,871	37,448	46.9	16			0.0	
YES	370	O	NO	34060	.02/13/1992			.05/01/2000	MEDICARE SUPPLEMENT	330,177	204,681	62.0	61			0.0	
YES	3BA	O	NO	34060	.03/22/2000			.05/31/2010	MEDICARE SUPPLEMENT	223,532	183,614	82.1	69	56,497	38,970	69.0	18
YES	CGI-DM-BASIC-WI...	O	NO	34060	.08/03/2010				MEDICARE SUPPLEMENT			0.0		22,646	9,931	43.9	16
YES	CSA-WI-BA	O	NO	34060	.03/05/2009			.05/31/2010	MEDICARE SUPPLEMENT			0.0		11,394	11,623	102.0	6
0199999.	Total Policy Experience on Individual Policies									703,876	497,131	70.6	157	90,536	60,524	66.9	40

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.12/19/1988			.12/31/1991	MEDICARE SUPPLEMENT	16,253	12,968	79.8	4			0.0	
YES	342	C	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	44,477	41,781	93.9	11			0.0	
YES	345	F	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	20,016	14,764	73.8	5			0.0	
YES	346	G	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	14,671	5,233	35.7	4			0.0	
YES	348	I	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	31,761	12,196	38.4	7			0.0	
YES	3AB	B	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	24,681	8,630	35.0	6			0.0	
YES	3AC	C	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	53,461	30,078	56.3	14			0.0	
YES	3AD	D	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	111,895	58,725	52.5	30			0.0	
YES	3AE	E	NO	34000	.12/02/2003			.05/31/2010	MEDICARE SUPPLEMENT	194,057	115,714	59.6	55			0.0	
YES	3AF	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	296,444	169,893	57.3	84			0.0	
YES	3AG	G	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	11,171	8,954	80.2	3			0.0	
YES	3AH	H	NO	34000	.05/24/2006			.05/31/2010	MEDICARE SUPPLEMENT	18,895	15,101	79.9	5			0.0	
YES	3AK	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,555	-	0.0	3			0.0	
YES	8701-470 (390)	P	NO	34000	.09/23/1986			.12/31/1991	MEDICARE SUPPLEMENT	5,319	4,271	80.3	2			0.0	
YES	8907-472 (392)	P	NO	34000	.05/30/1989			.12/31/1991	MEDICARE SUPPLEMENT	5,725	1,110	19.4	2			0.0	
YES	CGI-MS-DM-AA-F-WV	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		32,331	18,351	56.8	27
YES	CGI-MS-DM-AA-G-WV	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		8,555	7,024	82.1	9
YES	CGI-MS-DM-AA-N-WV	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,182	-	0.0	
0199999.	Total Policy Experience on Individual Policies									851,379	499,416	58.7	235	42,068	25,376	60.3	36

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2011 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....71404

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.11/29/1988			.12/31/1991	MEDICARE SUPPLEMENT	27,418	21,250	77.5	5			0.0	
YES	332	P	NO	34000	.03/13/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,255	1,674	51.4	1			0.0	
YES	333	P	NO	34000	.11/21/1990			.12/31/1992	MEDICARE SUPPLEMENT	19,719	7,218	36.6	5			0.0	
YES	340	A	NO	34000	.04/14/1992			.12/31/1999	MEDICARE SUPPLEMENT	13,407	4,563	34.0	4			0.0	
YES	342	C	NO	34000	.04/14/1992			.12/31/1999	MEDICARE SUPPLEMENT	4,216	2,027	48.1	1			0.0	
YES	345	F	NO	34000	.04/14/1992			.12/31/1999	MEDICARE SUPPLEMENT	247,513	121,070	48.9	72			0.0	
YES	346	G	NO	34000	.04/14/1992			.12/31/1999	MEDICARE SUPPLEMENT	20,748	15,901	76.6	7			0.0	
YES	348	I	NO	34000	.04/14/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,786	3,862	24.5	1			0.0	
YES	3AB	B	NO	34000	.05/06/1999			.05/31/2010	MEDICARE SUPPLEMENT	5,673	337	5.9	2			0.0	
YES	3AC	C	NO	34000	.05/06/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,140	5,190	242.5				0.0	
YES	3AF	F	NO	34000	.05/06/1999			.05/31/2010	MEDICARE SUPPLEMENT	368,259	268,234	72.8	152			0.0	
YES	3AG	G	NO	34000	.05/06/1999			.05/31/2010	MEDICARE SUPPLEMENT	10,133	12,804	126.4	4			0.0	
YES	3AH	H	NO	34000	.04/10/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,332	1,055	45.2	1	2,597	689	26.5	1
YES	3AJ	J	NO	34000	.08/23/2006			.05/31/2010	MEDICARE SUPPLEMENT	24,511	13,880	56.6	9	12,912	7,878	61.0	4
YES	3AK	F	NO	34000	.05/06/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	161	12,380	7,703.1	30			0.0	
YES	CGI-MS-DM-AA-F-WY	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		24,824	20,068	80.8	32
YES	CGI-MS-DM-AA-G-WY	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,122	47	4.2	1
YES	CGI-MS-DM-AA-N-WY	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,090	480	44.0	1
0199999.	Total Policy Experience on Individual Policies									765,270	491,444	64.2	294	42,544	29,160	68.5	39

360.WY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....

NONE

GENERAL INTERROGATORIES

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

NONE

SCHEDULE O SUPPLEMENT

For the year ended December 31, 2011
(To Be Filed March 1)

Of The.....CONTINENTAL GENERAL INSURANCE COMPANY
Address (City, State, Zip Code).....Cincinnati, OH 45202
NAIC Group Code.....0084 NAIC Company Code.....71404 Employer's ID Number.....47-0463747

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2007	2008	2009	2010	2011 (a)
1. Prior	15	(9)	2		
2. 2007	157	(24)	1		
3. 2008	XXX	(355)	3	1	
4. 2009	XXX	XXX	248	14	
5. 2010	XXX	XXX	XXX	139	5
6. 2011	XXX	XXX	XXX	XXX	88

Section B - Other Accident and Health

1. Prior	10,878	2,956	4,008	2,811	1,385
2. 2007	38,556	7,453	1,869	1,249	672
3. 2008	XXX	38,743	6,794	1,976	994
4. 2009	XXX	XXX	34,759	5,692	1,582
5. 2010	XXX	XXX	XXX	27,944	4,398
6. 2011	XXX	XXX	XXX	XXX	26,602

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1	2	3	4	5
	2007	2008	2009	2010	2011
1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

Section B - Other Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2007	2008	2009	2010	2011
1. 2007	177	142	136	XXX	XXX
2. 2008	XXX	(323)	(350)	(351)	XXX
3. 2009	XXX	XXX	254	262	262
4. 2010	XXX	XXX	XXX	92	144
5. 2011	XXX	XXX	XXX	XXX	97

Section B - Other Accident and Health

1. 2007	48,992	49,040	47,878	XXX	XXX
2. 2008	XXX	49,426	45,537	50,902	XXX
3. 2009	XXX	XXX	45,491	46,504	46,183
4. 2010	XXX	XXX	XXX	40,076	37,775
5. 2011	XXX	XXX	XXX	XXX	40,411

Section C - Credit Accident and Health

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	177	142	136		
2. 2008	XXX	(323)	(350)	(351)	
3. 2009	XXX	XXX	254	262	
4. 2010	XXX	XXX	XXX	92	
5. 2011	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2007	48,992	49,031	47,878		
2. 2008	XXX	49,380	45,537	50,902	
3. 2009	XXX	XXX	45,491	46,504	
4. 2010	XXX	XXX	XXX	40,076	
5. 2011	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Standard Factor	766
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health	Development	10
9. Credit accident and health		
10. Other accident and health	Development	31,156
11. Total		31,932

Sch. O-Pt. 1-Sn. D
NONE

Sch. O-Pt. 1-Sn. E
NONE

Sch. O-Pt. 1-Sn. F
NONE

Sch. O-Pt. 1-Sn. G
NONE

Sch. O-Pt. 2-Sn. D
NONE

Sch. O-Pt. 2-Sn. E
NONE

Sch. O-Pt. 2-Sn. F
NONE

Sch. O-Pt. 2-Sn. G
NONE

Sch. O-Pt. 3-Sn. D
NONE

Sch. O-Pt. 3-Sn. E
NONE

Sch. O-Pt. 3-Sn. F
NONE

Sch. O-Pt. 3-Sn. G
NONE

Sch. O-Pt. 4-Sn. D
NONE

Sch. O-Pt. 4-Sn. E
NONE

Sch. O-Pt. 4-Sn. F
NONE

Sch. O-Pt. 4-Sn. G
NONE

2011 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0996797				American Financial Enterprises, Inc	CT	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.00	American Financial Group, Inc	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	51.00	American Financial Group, Inc	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000765				American Premier Underwriters, Inc	PA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			37-1094159				Cal Coal, Inc	IL	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1548213				Magnolia Alabama Holdings, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6021353				The Owasco River Railway, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1236926				PCC Real Estate, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			76-0080537				PCC Technical Industries, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1388401				PCC Maryland Realty Corp	MD	NIA	PCC Technical Industries, Inc	Ownership	100.00	American Financial Group, Inc	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1537928				Penn Towers, Inc	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc	Ownership	66.67	American Financial Group, Inc	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	83.00	American Financial Group, Inc	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
							GAI Insurance Company, Ltd	BM	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			31-1446308				Hangar Acquisition Corp	OH	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508643				PLLS, Ltd	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508644				Premier Lease & Loan Services of Canada, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.00	American Financial Group, Inc	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			27-4521779				Atlas Building Company, LLC	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	

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.....	.....	.....	31-0823725..	.....	.....	.....	Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1733037..	.....	.....	.....	Flextech Holding Co., Inc.	OH	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0606803..	.....	.....	.....	GAI Holding Bermuda Ltd.	BM	NIA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0556144..	.....	.....	.....	GAI Indemnity, Ltd.	GB	IA	GAI Holding Bermuda Ltd.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Group Limited	GB	NIA	GAI Holding Bermuda Ltd.	Ownership	.....71.60	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Holdings Limited	GB	NIA	Marketform Group Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Caduceus Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0412245..	.....	.....	.....	Lavenham Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Gabinete Marketform SL	ES	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Australia Pty Limited	AU	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Studio Marketform SRL	IT	NIA	Marketform Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Management Services Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Managing Agency Limited	GB	NIA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0431601..	.....	.....	.....	Sampford Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Trust Company Limited	GB	NIA	Marketform Group Limited	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	06-1356481..	.....	.....	.....	Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	1....
.....	.....	.....	31-1475936..	.....	.....	.....	AAG Holding Company, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	58-646032....	.....	.....	.....	Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	63312....	13-1935920..	.....	.....	.....	Great American Life Insurance Company	OH	IA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	93661....	31-1021738..	.....	.....	.....	Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	27-4078277..	.....	.....	.....	Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	27-0513333..	.....	.....	.....	Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	20-1246122..	.....	.....	.....	Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	36-3383108..	.....	.....	.....	Consolidated Financial Corporation	MI	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3988240..	.....	.....	.....	FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4604276..	.....	.....	.....	GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3829557..	.....	.....	.....	GALIC - Stoneleigh, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1391777..	.....	.....	.....	GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....65.00	American Financial Group, Inc.	2....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....48.00	American Financial Group, Inc.	2....
.....	.....	.....	26-3260520..	.....	.....	.....	Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	67083....	45-0252531..	.....	.....	.....	Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....

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			52-2179330				Skipjack Marina Corp	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			20-3568924				Loyal American Holding Corporation	OH	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Loyal American Holding Corporation	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			45-4121852				GALAC Holding Company	OH	NIA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	62200	95-2496321				Great American Life Assurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			74-2180806				United Teacher Associates, Ltd	TX	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	1
0084	American Financial Group, Inc	63479	58-0869673				United Teacher Associates Insurance Company	TX	IA	United Teacher Associates, Ltd	Ownership	100.00	American Financial Group, Inc	
			31-1422717				AAG Insurance Agency, Inc	KY	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1017531				Ceres Group, Inc	DE	UIP	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life & Health Insurance Company	Ownership	100.00	American Financial Group, Inc	
			34-1880408				Ceres Administrators, L.L.C	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1947043				Ceres Sales, LLC	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			34-1920479				HealthMark Sales, LLC	DE	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			47-0717079				Continental General Corporation	NE	UDP	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	71404	47-0463747				Continental General Insurance Company	OH		Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			47-0562685				Continental Print & Photo Co	NE	NIA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			34-1947042				QQAgency of Texas, Inc	TX	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1395344				Great American Advisors, Inc	OH	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			42-1575938				Great American Holding, Inc	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-3062314				Agricultural Services, LLC	OH	NIA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
			45-4110027				Unites States Commodities Producers LLC	MT	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
			27-2354685				United States Livestock Producers, LLC	NV	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
0084	American Financial Group, Inc	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Livestock Producers, LLC	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	35351	31-0912199				American Empire Surplus Lines Insurance Company	DE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	37990	31-0973761				American Empire Insurance Company	OH	IA	American Empire Surplus Lines Insurance Company	Ownership	100.00	American Financial Group, Inc	
			59-1671722				American Empire Underwriters, Inc	TX	NIA	American Empire Insurance Company	Ownership	100.00	American Financial Group, Inc	
							Great American International Insurance Limited	IE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	23418	73-0556513				Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	15380	73-1406844				Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	13794	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc	OK	NIA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	

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0084..	American Financial Group, Inc...	23426....	73-0773259..	.....	.....	.....	Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company	TC	IA	Great American Holding, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	16691....	31-0501234..	.....	.....	.....	Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañia de Seguros, S.A. de C.V.	MX	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Financiadora de Primas Condor, S.A. de C.V.	MX	NIA	El Aguila, Compañia de Seguros, S.A. de C.V.	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.	NY	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management	.....	American Financial Group, Inc.	3.....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.	CN	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	.....35.00	American Financial Group, Inc.	2.....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Insurance Company	Ownership	.....32.00	American Financial Group, Inc.	2.....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.	TX	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26832....	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26344....	15-6020948..	.....	.....	.....	Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	39896....	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.	DE	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	10646....	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	37532....	31-0954439..	.....	.....	.....	Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	41858....	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....

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0084..	American Financial Group, Inc...	22136....	13-5539046..	.....	.....	.....	Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38024....	31-0974853..	.....	.....	.....	Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc.....	4.....
.....	.....	.....	31-1073664..	.....	.....	.....	Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0856644..	.....	.....	.....	Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38580....	31-1288778..	.....	.....	.....	Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0918893..	.....	.....	.....	Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	31135....	31-1209419..	.....	.....	.....	Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	33723....	31-1237970..	.....	.....	.....	Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-1263251..	.....	.....	.....	Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607394..	.....	0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....52.40	American Financial Group, Inc.....	.....
.....	.....	.....	34-1899058..	.....	.....	.....	American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1548235..	.....	.....	.....	Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0191335..	.....	.....	.....	Hudson Indemnity, Ltd.....	KY.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	66-0660039..	.....	.....	.....	Hudson Management Group, Ltd.....	VI.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607396..	.....	.....	.....	National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4670968..	.....	.....	.....	Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	32620....	34-1607395..	.....	.....	.....	National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	11051....	99-0345306..	.....	.....	.....	National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41106....	95-3623282..	.....	.....	.....	Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1415856..	.....	.....	.....	Vanliner Group, Inc.....	DE.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1254631..	.....	.....	.....	TransProtection Service Company.....	MO.....	NIA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	21172....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BM.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	23-2825108..	.....	.....	.....	Safety, Claims & Litigation Services, Inc.....	PA.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Penn Central U.K. Limited.....	GB.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Insurance (GB) Limited.....	GB.....	IA.....	Penn Central U.K. Limited.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	871,850,814	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....49.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1737792..	.....	.....	.....	Superior NWVN of Ohio, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....

Asteris	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.